

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90017 016 ***150.00

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1. Entity Name
FONVIELLE LEWIS FOOTE & MESSER, P.A.



Principal Place of Business
**3375 CAPITAL CIRCLE NORTHEAST
BUILDING A
TALLAHASSEE, FL 32208**

Mailing Address
**3375 CAPITAL CIRCLE NORTHEAST
BUILDING A
TALLAHASSEE, FL 32208**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3563747

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FONVIELLE, C. DAVID
3375 CAPITAL CIRCLE NORTHEAST
BUILDING A
TALLAHASSEE, FL 32208**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **FONVIELLE, C. DAVID**
CITY-ST-ZIP **3755 BOBBIN MILL ROAD
TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **LEWIS, HALLEY B III**
CITY-ST-ZIP **2150 THIRLESTANE RD
TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FOOTE, JOHN H**
CITY-ST-ZIP **6060 STANDING PINES LANE
TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MESSER, JAMES E JR.**
CITY-ST-ZIP **6042 DEVER RIDGE TRAIL
TALLAHASSEE, FL 32312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1385 WHITE SWAN LANE**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6960 STANDING PINES LANE**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Foote

Date

1-30-08

Daytime Phone #

880 422 4773