## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # \$10813

THOMAS, PIERCE & COMPANY OF FLORIDA, INC.

## **FILED** Jan 22, 1999 8:00am Secretary of State 01-22-1999 90062 005 \*\*\*150.00

Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,			
3512 MACCLAY TALLAHASSEE	r BLVD. South FL 32312	3512 MACCLAY BLVD. SC TALLAHASSEE FL 32312	12 MACCLAY BLVD. SOUTH LLAHASSEE FL 32312						
						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			ļ
						11/05/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-3040075			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27						Fee F	Required
City & Stat	e	City & State	<del>                                     </del>			6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution		Added	to Fees	
Zip ─¬				8. This corporation owes the current year Intangible					
24	25	29	30	_		Personal Property Tax.	D	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New	Registered /	Agent	
THO	MAS, JON C.			•	INAITIE				ł
	2 MACLAY BLVD, SOUTH	*	82 Stre			t Address (P.O. Box Number is Not Acceptable)			
	LAHASSEE FL 32312					<del> </del>			
IAL	DAMAGOEL TE OEGIE			83					·
				84	City		<del></del>	85 Zip	Code
							<u>FL</u>	<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).  DATE									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  12. OFFICERS AND DIRECTORS				Agent	t signature rec	quired when reinstating)  ADDITIONS/CHANGES TO OF	DATE EICERS AN	DIRECT	ODC IN 12
TITLE	DPS OFFICERS A	DELETE	13.	n c		ADDITIONS/CHANGES TO OF	FICERS AN	Change	
i	THOMAS, JON C.		1.1 ∏		1			Change	- C Addition
NAME	3477 CEDAR LANE		1.2 N/						
STREET ADDRESS	_		<b>B</b>	1.3 STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL DVS	☐ DELETE		TY-ST	-ZIP			Change	Addition
TITLE		□ ocreie	2.1 TT					Change	[_] Addition
NAME	PIERCE, ROBERT L		2.2 N/						İ
STREET ADDRESS	2675 OX BOTTOM ROAD	AU 23		REET	ADDRESS				
CITY-ST-ZIP	TALLAHASSEE FL			ITY-S1	T-ZIP				
TITLE	☐ DELETE		- 1	3.1 TITLE				Change	Addition
NAME	32N								
STREET ADDRESS	3.3 S		REET.	ADDRESS				•	
CITY-ST-ZIP		——————————————————————————————————————		ITY-ST	r-ZIP				
TITLE		☐ DELETE	4.1 TF		İ			☐ Change	Addition
NAME .	i .		4. 2 N	AME					
STREET ADDRESS			4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			4.4 CT	TY-ST	-ZIP				
TITLE		☐ DELETE	5.1 TT					☐ Change	Addition
NAME		•	5.2 NA						
STREET ADDRESS			5.3 ST	REET.	ADDRESS				ļ
CITY-ST-ZIP				TY-ST-	-ZIP				
TITLE		☐ DELETE	6.1 TI	rle -				Change	☐ Addition
NAME			6.2 NA		-				ļ
STREET ADDRESS	<del>.</del>		6.3 ST	REET	ADDRESS				ì
l	No	the state of the s			[				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR