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May 11, 1999 8:00 am
Secretary of State

05-11-1999 90030 003 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S26811

1. Corporation Name

CHRISTOPHER P. SAXER, P.A.

Principal Place of Business

**25 WALTER MARTIN RD
STE 1
FT WALTON BEACH FL 32548
US**

Mailing Address

**PO BOX 2379
FT WALTON BEACH FL 32549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1991

4. FEI Number

59-3044563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 126 NE Eglin Parkway

Suite, Apt. #, etc.

22 Fort Walton Beach FL

23 32548 US

24 32548 US

2a. Mailing Address

26 126 NE Eglin Parkway

Suite, Apt. #, etc.

27 Fort Walton Beach, FL

28 32548 US

29 32548 US

9. Name and Address of Current Registered Agent

**SAXER, CHRISTOPHER P.
25 WALTER MARTIN RD
FT WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent

81 Name

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

126 NE Eglin Parkway

83

84 City **Fort Walton Beach**

FL

85 Zip Code **32548**

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 *Christopher Paul Saxer*
Signature, typed or printed name of registered agent and title if applicable.

CHRISTOPHER PAUL SAXER

4.30.99
DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☐ DELETE
NAME **SAXER, CHRISTOPHER P**
STREET ADDRESS **25 WALTER MARTIN RD**
CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **126 NE Eglin Parkway**
1.4 CITY-ST-ZIP **Fort Walton Beach FL 32548**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Christopher Paul Saxer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTOPHER PAUL SAXER

Date

4-30-99 (850) 664-2705
Daytime Phone #

CR2E034 (11/98)