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FILED
Feb 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # S47872

1. Corporation Name

ABRAHAMSON & KENNEDY, P.A.

Principal Place of Business

3040 GULF TO BAY BLVD.
SUITE 100
CLEARWATER FL 34619

Mailing Address

3040 GULF TO BAY BLVD.
SUITE 100
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/24/1991

4. FEI Number

59-3064448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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 3040 GULF TO BAY BLVD

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 CLEARWATER, FL

Zip

24 33759

Country

25 USA

2a. Mailing Address

26 3040 GULF TO BAY BLVD

Suite, Apt. #, etc.

27 SUITE 100

City & State

28 CLEARWATER, FL

Zip

29 33759

Country

30 USA

9. Name and Address of Current Registered Agent

ABRAHAMSON, ERIK G
% ABRAHAMSON & KENNEDY
3040 GULF TO BAY BLVD., SUITE 100
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

81 Name

ABRAHAMSON, ERIK G.

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

C/O ABRAHAMSON & KENNEDY P.A.

83

3040 GULF TO BAY BLVD, STE 100

84

CLEARWATER

FL

85 Zip Code

33759

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

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ABRAHAMSON, ERIK G.
STREET ADDRESS 3040 GULF TO BAY BLVD.
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE

NAME KENNEDY, THOMAS J.
STREET ADDRESS 3040 GULF TO BAY BLVD.
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0426968

CR2E034 (11/98)