

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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90157 013 ***150.00

0318710

DOCUMENT # S59847

1. Corporation Name
DONALD MUNCY, P.A.

Principal Place of Business
4610 N. FEDERAL HWY
FT. LAUDERDALE FL 33308
US

Mailing Address
P.O. BOX 39328
FT. LAUDERDALE FL 33339
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1991

4. FEI Number

65-0269137

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

21 224 E. Commercial Blvd

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 204

23 City & State Florida

28 Lauderdale by the Sea

Zip Country

24 33308

25 Broward

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MUNCY, CHARLES D
224 COMMERCIAL BLVD
STE 321
LAUDERDALE-BY-THE-SEA FL 33308

10. Name and Address of New Registered Agent

81 Name Muncy, CHARLES D.

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

83 Lauderdale by the Sea, FL

84 City Lauderdale by the Sea, FL 85 Zip Code 33308

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 PD ☐ DELETE

NAME MUNCY, CHARLES D
STREET ADDRESS 224 COMMERCIAL BLVD #321
CITY-ST-ZIP LAUD-BY-THE-SEA FL

TITLE VP ☐ DELETE

NAME MUNCY, MARTHA C.
STREET ADDRESS 224 COMMERCIAL BLVD, STE. 321
CITY-ST-ZIP LAUDERDALE-BY-THE-SEA 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 PD ☒ Change ☐ Addition

1.2 NAME MUNCY, CHARLES D.
1.3 STREET ADDRESS 224 E. COMMERCIAL BLVD. #204
1.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

2.1 TITLE VP ☐ Change ☐ Addition

2.2 NAME MUNCY, MARTHA C.
2.3 STREET ADDRESS 224 E. COMMERCIAL BLVD. STE#204
2.4 CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33308

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 #

CR2E034 (1/198)