

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 # S81680

1. Corporation Name
LOUIS BAKKALAPULO, P.A.

Principal Place of Business

3000 GULF TO BAY BLVD
STE 404
CLEARWATER FL 34619
US

Mailing Address

3000 GULF TO BAY BLVD
STE 404
CLEARWATER FL 34619
US

2. Principal Place of Business

21 111 N. Belcher Rd.
22 Suite, Apt. #, etc.
201

23 City & State
Clearwater, FL

24 Zip 33765 25 Country USA

2a. Mailing Address

26 111 N. Belcher Rd.
27 Suite, Apt. #, etc.
201

28 City & State
Clearwater, FL

29 Zip 33765 30 Country USA

9. Name and Address of Current Registered Agent

BAKKALAPULO, LOUIS
3000 GULF TO BAY BLVD
STE 404
CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/20/1991

4. FEI Number

59-3088010

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

10. Name and Address of New Registered Agent

81 Name

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

111 N. Belcher Rd. Ste. 201

83

84 City

Clearwater

FL

85 Zip Code

33765

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 PS TD ☐ DELETE

NAME BAKKALAPULO, LOUIS

STREET ADDRESS 3000 GULF TO BAY BLVD., SUITE 404

CITY-ST-ZIP CLEARWATER FL

TITLE STD ☒ DELETE

NAME BAKKALAPULO, LOUIS

STREET ADDRESS 3000 GULF TO BAY BLVD., STE 404

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PST D

111 N. Belcher Rd. Ste. 201

Clearwater, FL. 33765

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 #

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90075 026 ***150.00



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