

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
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90121 043 ***150.00

DOCUMENT # **S87830**

1. Corporation Name

CATHI A. AYERS, M.S., CCC, P.A.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3434 4TH ST N.
ST. PETERSBURG FL 33703
US

Mailing Address
PO BOX 76067
ST. PETERSBURG FL 33714
US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 **5101 - First St. NE**
City & State
23 **St. Petersburg FL**
Zip Country
24 **33703** 25 **U.S.**

2a. Mailing Address
26 Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 **33734** 30

3. Date Incorporated or Qualified
10/11/1991

4. FEI Number
59-3087854 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

9. Name and Address of Current Registered Agent
AYERS, CATHI A.
725 N 24 AVE
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent
81 Name **Ayers, Cathi A.**
82 Street Address (P.O. Box Number is Not Acceptable)
8140 S. Shadowbriht Place
83
84 City **Floral City** FL 85 Zip Code **34436**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	1.1 TITLE	PTS
NAME	AYERS, CATHI A.	1.2 NAME	CATHI A. Ayers
STREET ADDRESS	PO BOX 76067-3434 4TH ST N.	1.3 STREET ADDRESS	8140 S. Shadowbriht Place
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Floral City, FL 34436
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 Required** 3/15/99 727-525-4938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)