PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

1999

DGCUMENT # V02182

1. Corporation Name

DONALD B. PEAT & ASSOCIATES, INC.

DIVISION OF CORPORATIONS

Jun 09, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

06-09-1999 90032 006 ***150.00



Principal Place	e of Business	Mailing Address						
BOX 15707		BOX 15707						
ST PETERSBUR	G FL 33733	ST PETERSBURG FL 3373	3			DO MOTHER IN THE SPACE		
US		U\$				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 12/24/1991		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26				59-3102920 Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			~	5 Certificate of Status Desired \$8.75 Additional		
22		27			·	5. Certifcate of Status Desired Fee Required		
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust_Fund_ContributionAdded to Fees		
Zip	Country	Zip		untry	•	8. This corporation owes the current year Intangible		
24	25	29	30	,		Personal Property Tax. Yes No		
	9. Name and Address of Currer	nt Registered Agent		04	N	10. Name and Address of New Registered Agent		
DELA	ANO, G. KRISTIN			81	Name			
	CENTRAL AVE			82	Street A	Address (P.O. Box Number is Not Acceptable)		
	CENTRAL AVE ETERSBURG FL 33701							
. 51 P	EIERODUNG FL 33/UI			83				
i i	_			84	City	85 Zip Code		
l.,					1	FL The state of		
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida State of Florida, Such change was	ites, the a	above d hv	e-named o	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered		
i unice or r	egistered agent, or both, in the state	OI I TOTICAL OUGH CHANGE WAS						
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	orida Stat	tutes.				
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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.

6.4 CITY-ST-ZIP

NAME STREET ADDRESS

(727) 823-4000 Ext. 4146