

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 19, 1999 8:00 am
Secretary of State

04-19-1999 90101 042 ***150.00

DOCUMENT # V12245

1. Corporation Name
THOMAS G. DEPETER, P.A.

Principal Place of Business

725 N MAIN ST
P.O. BOX 1590
HIGH SPRINGS FL 32643
US

Mailing Address

PO BOX 1590
NEWBERRY FL 32669
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/06/1992

4. FEI Number

59-3103985

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

21 315 NE 6th Street

Suite, Apt. #, etc.

22

City & State

23 High Springs FL

Zip

24 32643

Country

25 USA

2a. Mailing Address

26 315 NE 6th Street

Suite, Apt. #, etc.

27

City & State

28 High Springs FL

Zip

29 32643

Country

30 USA

9. Name and Address of Current Registered Agent

DEPETER, THOMAS G.
725 N MAIN ST
HIGH SPRINGS FL 32643

10. Name and Address of New Registered Agent

81 Name Depeter, Thomas G.

82 Street Address (P.O. Box Number is Not Acceptable)
315 NE 6th Street

83

84 City High Springs FL

85 Zip Code 32643

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.

THOMAS G. DEPETER

DATE

4/13/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DEPETER, THOMAS G.
STREET ADDRESS 1614 N.E. 40TH PLACE
CITY-ST-ZIP GAINESVILLE 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

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 DEPETER, THOMAS G.
1.3 STREET ADDRESS 315 NE 6th Street
1.4 CITY-ST-ZIP High Springs, FL 32643

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:

THOMAS G. DEPETER

4/13/99

904454-239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0066530