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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90009 045 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V19396

1. Corporation Name
RAMSEY & JANSSEN, P.A. - PERSONAL INJURY ATTORNEYS



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**8529 HWY 441 S
 LEESBURG FL 34788
 US**

Mailing Address
**8529 HIGHWAY 441 SOUTH
 LEESBURG FL 34788
 US**

3. Date Incorporated or Qualified
03/05/1992

2. Principal Place of Business
 2a. Mailing Address

4. FEI Number
59-3108105

Applied For
 Yes
 Not Applicable

21 Suite, Apt. #, etc.
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

22 City & State
 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

23 Zip Country
 28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 Zip Country
 25 Country
 29 Zip Country
 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAMSEY, DENNIS F., JR.
 8529 HIGHWAY 441 SOUTH
 LEESBURG FL 34788**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, DENNIS F., JR.	1.2 NAME	
STREET ADDRESS	33025 LITTLE HAMPTON CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	SORRENTO FL	1.4 CITY-ST-ZIP	
TITLE	XXXXXXXXXX <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXXXXXXXXX	2.2 NAME	DENNIS M. JANSSEN
STREET ADDRESS		2.3 STREET ADDRESS	8529 US HWY 441
CITY-ST-ZIP		2.4 CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Dennis F. Ramsey, Jr.* **DENNIS F. RAMSEY, JR.** 1/4/98 352-326-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)