

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90150 010 ***150.00

DOCUMENT # **V32141**

1. Corporation Name

JAMES M. WARK & ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

4519 GEORGE RD.
S145
TAMPA FL 33634
US

Mailing Address

4519 GEORGE RD
S145
TAMPA FL 33634
US

2. Principal Place of Business

21 **6201 JOHNS ROAD**

2a. Mailing Address

26 **6201 JOHNS ROAD**

Suite, Apt. #, etc.

22 **6**

Suite, Apt. #, etc.

27 **6**

City & State

23 **TAMPA, FL**

City & State

28 **TAMPA, FL**

Zip

24 **33634**

Country

25 **US**

Zip

29 **33634**

Country

30 **US**

3. Date Incorporated or Qualified

04/27/1992

4. FEI Number

59-3115780

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

WARK, JAMES M
4519 GEORGE RD
S145
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name

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

6201 JOHNS ROAD, SUITE 6

83

84 City

TAMPA

FL

85 Zip Code

33634

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 **CEO** ☐ DELETE

NAME **WARK, JAMES M**
STREET ADDRESS **3921 VASCONIA**
CITY-ST-ZIP **TAMPA FL 33631**

TITLE **PD** ☐ DELETE

NAME **WARK, MATTHEW J**
STREET ADDRESS **2508 CHATEAU DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ DELETE

NAME **WARK, WENDY R**
STREET ADDRESS **2508 CHATEAU DR**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☐ DELETE

NAME **WARK, SALLY B**
STREET ADDRESS **3921 VASCONIA ST**
CITY-ST-ZIP **TAMPA FL 33631**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 **(813) 885-5716**

Date Daytime Phone #

CR2E034 (11/98)