

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 22, 1999 8:00 am
Secretary of State

04-22-1999 90186 039 ***150.00

DOCUMENT # V53042

1. Corporation Name
DUFFEY & DOLAN, P.A.

Principal Place of Business

1800 SECOND STREET
SUITE 854
SARASOTA FL 34236
US

Mailing Address

1800 SECOND STREET
SUITE 854
SARASOTA FL 34236
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1992

4. FEI Number

65-0346580

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

2. Principal Place of Business

21 4400 INDEPENDENCE COURT
Suite, Apt. #, etc.

2a. Mailing Address

26 4400 INDEPENDENCE COURT
Suite, Apt. #, etc.

City & State

23 SARASOTA, Florida

City & State

28 SARASOTA, Florida

Zip

24 34234

Country

25 SARASOTA

Zip

29 34234

Country

30 SARASOTA

9. Name and Address of Current Registered Agent

DOLAN, WILLIAM W.
1800 SECOND STREET
SUITE 854
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

SAMUEL S. DUFFEY

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

4400 INDEPENDENCE COURT

83

84 City

SARASOTA

85

Zip Code

FL 34234

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.

SAMUEL S. DUFFEY

DATE

4.13.99

12. OFFICERS AND DIRECTORS

TITLE DPTS ☐ DELETE

NAME DUFFEY, SAMUEL S.
STREET ADDRESS 1800 SECOND STREET #854
CITY-ST-ZIP SARASOTA FL

TITLE V ☐ DELETE

NAME DOLAN, WILLIAM W.
STREET ADDRESS 1800 SECOND STREET
CITY-ST-ZIP SARASOTA FL 34236

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 ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 4400 INDEPENDENCE COURT
1.4 CITY-ST-ZIP SARASOTA, Florida 34234

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 4400 INDEPENDENCE COURT
2.4 CITY-ST-ZIP SARASOTA, Florida 34234

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 RE SAMUEL S. DUFFEY 4.13.99

Date

Daytime Phone #

(941) 355 9373

CR2E034 (11/98)

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