

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90125 022 ***150.00

0466742

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G02554

1. Corporation Name GAVIN W. O'BRIEN, P.A.

Principal Place of Business: % GAVIN W. O'BRIEN, ESQ. 1806 MANATEE AVE. WEST BRADENTON FL 34205-5995 US
Mailing Address: % GAVIN W. O'BRIEN, ESQ. 1806 MANATEE AVE. WEST BRADENTON FL 34205-5995 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1982
4. FEI Number: 59-2225620
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: O'BRIEN, GAVIN W., ESQ. 1806 MANATEE AVE. WEST BRADENTON FL 34205

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, and 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. Signature: Gavin W. O'Brien, Date: 4/30/99

12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Includes entries for Gavin W. O'Brien (PST and D).

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes.

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...

SIGNATURE: Gavin W. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)