May 04, 1999 8:00 am Secretary of State

05-04-1999 90085 043 ***150.00

Mailing Address

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H75768

1. Corporation Name

JAMES E. DEAKYNE, JR., P.A.

Principal Place	o business	Maining Address				\				
216 MIRROR LA	AKE DR.	216 MIRROR LAKE	DR.							
ST. PETERSBU										
US	U\$						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
	•						09/12/1985			
2. Principal P	ace of Business	2a. Mailing Addres	55			$\neg \neg$	4. FEI Number	Ap	plied For	
		26	7				59-2618758	No	t Applicable	
Suite, Apt.	# ole		Suite, Apt. #, etc.				The second secon	88.75	Additional	
	m, 616.	⊢ ¬]				5. Certifcate of Status Desired	Fee Re		
22		27 Cit. 8 State				 -	a Florida Garage			
City & Stat	e	⊢ ¬ '	City & State				6. Election Campaign Financing	\$5.00 Added t		
23		28					Trust Fund Contribution	Added	o rees	
Zip	Country	Zip	Zip Country			}	8. This corporation owes the current year Intangible			
24	25 29		30	30			Personal Property Tax.			
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Registered Age	ent		
	-			81	Na	ime				
DEA	KYNE, JAMES E JR.			-	_ 	4.4.1.	(D.C. Den M. havin Alas Accordable)			
	MIRROR LAKE DR.		82 Stree			reet Addres	Address (P.O. Box Number is Not Acceptable)			
	PETERSBURG FL 33701			83	 					
, 31.	FEICHODONG IE 30701			63	ĺ					
i				84	Cit	tv .		35 Zip (Code	
				1		-	FL	. _		
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida	Statutes, the	above	e-nan	med corpor	ation submits this statement for the purpose of cha	inging its	registered	
office or r	egistered agent or both in the State.	of Florida. Such change	e was authorize	ea by	the c	corporation'	's board of directors. I hereby accept the appointm	ent as re	gistered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.05	oos, Fionda Sta	nutes.					ļ	
SIGNATURE							when reinstation) DATE		\	
	Signature, typed or printed name of registered ager		(NOTE: Registere		n signa	ama reduner w	ADDITIONS/CHANGES TO OFFICERS AND I	DECTO	PS IN 12	
12.		ID DIRECTORS	13					Change	Addition	
TITLE	PD DELETE		EIE 1.1	1.1 TITLE		[<u></u>	3 Ollarige		
NAME	DEAKYNE, JAMES E., JR.		1.21	NAME					1	
STREET ADDRESS	216 MIRROR LAKE DR		1.3	STREET	TADDR	RESS				
CITY-ST-ZIP	ST. PETERSBURG FL		14	1.4 CITY-ST-ZIP						
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	,				2.2 NAME					
NAME			1		~ ~					
STREET ADDRESS			·		2.3 STREET ADDRESS				ſ	
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			5.33	STREET	T ADDR	RESS	•			
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CITY-ST-ZIP				TITLE	1-211] Change	Addition	
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NAME			6.2	NAME						
STREET ADORESS			6.3	STREET	TADDR	RESS			ļ	
CITY-ST-ZIP			6.4	CITY-S	T-ZIP	1			}	
						1				

SIGNATURE

14. I hereby certify that the information supplied with this filling 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 conforation or the receiver of 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 of an attachment with an address, with all other like empowered.