Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 733705 1. Corporation Name

Country

ZIRKEL'S ESTATES, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

6187 ZIRKEL CIRCLE **BROOKSVILLE FL 34609** 

Suite, Apt. #, etc.

City & State

Zip

21

22

## Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90047 045 \*\*\*\*61.25

6197 ZIRKEL CIRCLE BROOKSVILLE FL 34609	
2a Mailing Address	3. Date Incorporated or Qualifed

09/02/1975

39-6200064

5. Certificate of Status Desired

6. Election Campaign Financing

4. FEI Number

24	25	29	30			Tr	ust Fund Contribution	Added	to Fees
=-1	9. Name and Add	ress of Current Registered	\gent			10. N	ame and Address of New R	egistered Agent	
· · · · · · · · · · · · · · · · · · ·				81	Name				
VO 110 A	THOMAS O				<u> </u>		Barrier to No. Accorde	hia)	
	NTHONY S.			82	Street	Address (P.O	. Box Number is Not Accepta	ole)	
6187 ZIRK	KEL CIRCLE			83					
BROOKS	ALLE FL								
	*,			84	City			FL 85 Zip	Code
			. El :1 04-4-1-				uhmite this statement for the	· · ·	te registered
office or r	registered agent, or bo im familiar with, and ac	ections 617.0502 and 617.150 th, in the State of Florida. Succept the obligations of, Section	h change was autho	nzed by	tne coroc	pration's boar	d of directors. I hereby accep	t the appointment as	egistered
SIGNATURE	and the state of								
OIGITATORE	Signature, typed or printed na	me of registered egent and title if applicab	łe. (NOTE: Reg		t signature r	equired when reins		DATE	1000 IN 40
12.	,	OFFICERS AND DIRECTOR		13.	-		DITIONS/CHANGES TO OFF		
TITLE	D		· DELETE	1.1 TITLE		VIP.	or Conserve Are	☐ Change	, Managanon
NAME	Lebbin, Josephii	ŇE		1.2 NAME		LYLE	E. STRICK LAN ZIRKEL CIRCLE		
STREET ADDRESS	6170 ZIRKEL CIRC	TE		1.3 STREET	ADDRESS	6150	ZIKICEL	•	j
CITY-ST-ZIP	BROOKSVILLE FL			1.4 CITY-S	Γ-ZIP	BRUOK	SVILLE FL	<u> </u>	
TITLE	D		☐ DELETE	2.1 TITLE				Change	Addition
NAME	RUSSO, VINCENT			2.2 NAME					
STREET ADDRESS	ALLE TIPLET OID			2.3 STREET	ADORESS				
CITY-ST-ZIP	BROOKSVILLE FL	at .	-	2.4 CITY-9	T-ZIP				
TITLE	STD		☐ DELETE	3.1 TITLE			•	Change	e 🔲 Addition
NAME	KOJIS, ANTHONY	S.		3.2 NAME					Ì
STREET ADDRESS	6187 ZIRKELS CIF	RCLE		3.3 STREET	ADDRESS				
CITY-ST-ZIP	BROOKSVILLE FL	•		3.4. CITY- 9	T-ZIP				
TITLE	Ρ.		☐ DELETE	4.1 TITLE				☐ Change	e ☐ Addition
NAME	SINGER, JOSEPH	A		4. 2 NAME	,				
STREET ADDRESS	6159 ZIRKEL CIR			4.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	BROOKSVILLE FL			4.4 CITY-S	r-zip		<u>-</u>		
TITLE	D		DELETE	5.1 TITLE				Change	e 🔲 Addition 🛭
NAME	NOLTE, BILLIE			5.2 NAME					
STREET ADDRESS	6144 ZIRKELS CIF	RCLE		5.3 STREET	ADDRESS				ļ
CITY-ST-ZIP	BROOKSVILLE FL			5.4 CITY-S	r-ZIP				
TITLE	D		☐ DELETE	6.1 TITLE				Change	a 🔲 Addition
NAME	ROGERS, ELSIE	÷		6.2 NAME					
STREET ADDRESS	حم محبوب بمما			6.3 STREET	ADDRESS				
OTTY OF TIP	BBUUKS/IIIE EI			6.4 CITY-S	T-ZIP				1

Country

14. Thereby 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 617, 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: