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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 07, 1999 8:00 am Secretary of State **Katherine Harris**

04-07-1999 90116 037 ***150.00

i. Corporation									
D&LD	IESEL INCORPORATED								
Principal Place	e of Business	Mailing Address					ATT BENEST RINST MENT		
% DANIEL DEB	OLT	% DANIEL DEBOLT							
2301 BRUNER LANE, UNIT B-3 2301 BRUNER LANE, UNIT B-3				3		DO NOT WRITE I	N THIS SPACE	<u>:</u>	
FT. MYERS FL	33912-8908	FT. MYERS FL 33912-890	В			3. Date Incorporated or Qualifed			
						09/13/1988			1
Principal Place of Business 2a. Mailing Address				_		4. FEI Number	Applied For		For
21		26				65-0079475		Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	H ' ' '			5. Certificate of Status Desired	Certificate of Status Desired See Required		
22		27							
City & State	е	⊢ , '	City & State			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution			
23 Zip	Country	28 - Zip	·Co	untry		8. This corporation owes the current			
24	25	29	30	u,		Personal Property Tax.	year intaligible ☐ Yes	. ■No	,
24	9. Name and Address of Curren		1001	T		10. Name and Address of New Regi	stered Agent		
				81	Name				- [
	HEL, DEBOLT			82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
9033 IRVING RD				L			,		
FT N	MYERS FL 33912			83					j
				84	City		 85	Zip Code	
	<u> </u>		٠,	1	1		FL "	- ikia-	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statu of Florida, Such change was	ites, the authorize	above ed by	e-named corp the corporation	oration submits this statement for the pur on's board of directors. I hereby accept the	pose of changir e appointment	ig its regisi as registeri	ered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fi	orida Sta	tutes	i				
SIGNATURE	Signature, typed or printed name of registered ager	ALCO (ALCO)	C. Pagiston	d Agar	nt signature require	d when reinstating)	DATE	<u>······</u>	 ;
12.		ID DIRECTORS	13		it signature require	ADDITIONS/CHANGES TO OFFIC			112
TITLE	DP	☐ DELETE	1.1	ITLE		27 100 2	☐ Ch		Addition
NAME	DEBOLT, DANIEL		1.2	NAME					
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NAME	·	<u>_</u>	1	NAME			_	_	
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		DELETE	5.1		1-21-		□ Ch	ange 🗀	Addition
TITLE	·	☐ DELETE	5.1 5.2	TITLE NAME	TADDRESS		□ Ch	ange 🗀	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 5.2 5.3 .5.4 6.1 6.2	TITLE NAME STREE CITY-S TITLE NAME	TADDRESS	-		· –	

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 of any attachment with an address, with all other like empowered.

SIGNATURE: