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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

M. ORR-HART, INC.



Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Jan 26, 1999 8:00am FLORIDA DEPARTMENT OF STATE

01-26-1999 90044 004 ***150.00

Secretary of State

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Drivers Blee	on of Rusinana		Mailing Address						
% ROMA R. SHUTT 4581 SAWMILL DR EAST ESTERO FL 33928 **ROMA R. SHUTT 4581 SAWMILL DR EAST ESTERO FL 33928 **ESTERO FL 33928					DO NOT WE	RITE IN THIS S	SPACE		
ESTERO FL 33928 ESTERO FL 33928						3. Date Incorporated or Qualifed			
						11/02/1989			
2. Principal F	Place of Business	s	2a. Mailing Address			4. FEI Number		A	pplied For
Suite, Apt. #, etc.			26 Suite, Apt. #, etc.			11-2635935 Not App			ot Applicable
						5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	ite		City & State			6. Election Campaign Financing	3 -	\$5.00	May Be
:3	•		28			Trust Fund Contribution	,	•	to Fees
Zip		Country	Zip	Countr	у	8. This corporation owes the cu	rrent year Inta	ngible	
24	25	· ·	29	30		Personal Property Tax.		☐ Yes	□No
	9. Name an	d Address of Current	Registered Agent			10. Name and Address of New	Registered A	gent	
		1.21.		8.	1 Name				
SHUTT, ROMA R.				82	2 Street Add	dress (P.O. Box Number is Not Accep	otable)		
4581 SAWMILL DR. E.									
ESTERO FL 33928				8:	83				
				84	4 City	्रिके की क्षा कर की तो प्राप्त की है है कि उसके हैं कि है	· 6 . 4 · · · i i i i i i i i i i i i i i i i	85 Zip	Code
				10		-		-	
11. Pursuant	t to the provision registered agent am familiar with,	s of Sections 607.0502 , or both, in the State o and accept the obligati	and 607.1508, Florida Statu f Florida. Such change was ons of, Section 607.0505, Flo	tes, the aborauthorized by	ve-named cor y the corporat s.	rporation submits this statement for the	FL ie purpose of c ept the appoin	hanging its tment as re	registered egistered
11. Pursuant office or i		rinted name of registered agent	and title if applicable. (NOT	E: Registered Ag		rporation submits this statement for th tion's board of directors. I hereby acc area when reinstating)	e purpose of c ept the appoin		
SIGNATURE	Signature, typed or p		and title if applicable. (NOT) DIRECTORS	E: Registered Age		ried when reinstating) + 12 - 1 ADDITIONS/CHANGES TO O	e purpose of c ept the appoin	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE	Signature, typed or p	orinted name of registered agent OFFICERS AND	and title if applicable. (NOT	E: Registered Age 13. 1.1 TITLE	ent signature requi	ried when reinstating)	e purpose of c ept the appoin		ORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or p PD SHUTT, ROI	OFFICERS AND	and title if applicable. (NOT) DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requi	ried when reinstating) + 12 - 1 ADDITIONS/CHANGES TO O	e purpose of c ept the appoin	DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME	PD SHUTT, ROI s 4581 SAWM	OFFICERS AND MA R. IILL DR E	and title if applicable. (NOT) DIRECTORS	E: Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requi	ried when reinstating) + 12 - 1 ADDITIONS/CHANGES TO O	e purpose of c ept the appoin	DIRECTO	ORS IN 12
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ DELETE

☐ Change

Addition