**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9600003218

1. Corporation Name

| 51. ANDREWS VEHANDAS IV AS   | 530295-90090 - 13                             |                             |  |  |  |  |
|--|---|-----------------------------|--|--|--|--|
| Principal Place of Business  | Mailing Address                               |                             |  |  |  |  |
| C/O GULF COAST MANAGEMENT SERVICES 10060 AMBERWOOD RD. STE. 3 10060 AMBERWO |   |                             |  |  |  |  |
| Principal Place of Business  | 2a. Mailing Address                           |                             | 3. Date Incorporated or Qualifed 06/13/1996  |  |  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                           |                             | 4. FEI Number<br>65-0680731  | Applied For<br>Not Applical                    |  |  |
| City & State   | City & State                                  | -                           | 5. Certifcate of Status Desired  | \$8.75 Additional<br>Fee Required              |  |  |
| Zip Country 24 25  | Zip Cc  | ountry                      | 6. Election Campaign Financing Trust Fund Contribution   | \$5.00 May Be<br>Added to Fees                 |  |  |
| 9. Name and Address of Cur   | rent Registered Agent                         |                             | 10. Name and Address of New Registered   | Agent  |  |  |
|  |   | 81 Name                     |  | -  |  |  |
| GELLES, ROBERT E   |   | 82 Street Addr              | ddress (P.O. Box Number is Not Acceptable)   |  |  |  |
| C/O GULF COAST MANAGEMENT SERV<br>10060 AMBERWOOD RD, STE. 3   | /ICES   | 83                          |  |  |  |  |
| FT. MYERS FL 33913   |   | 84 City                     | FL   |  |  |  |
| Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Stagent. I am familiar with, and accept the obline.   | ate of Florida. Such change was authorize     | ed by the corporation       | poration submits this statement for the purpose of<br>on's board of directors. I hereby accept the appoint | changing its registere<br>ntment as registered |  |  |
| SIGNATURE Shoreture typed or printed name of registered  | AIOTE D                                       | ed Agent signature require  | d when reinstating) DATE   |  |  |  |
| I Stonature typed or printed name of registered  | anen; and trie if abblicable. INUTE: Redister | AN WORLIT SIGNATION LECTRIC | na mineri remoleuria) DATE   |  |  |  |

| SIGNATURE      | Signature, typed or printed name of registered agent and title if applical | ole. (NOTE: Ro | egistered Agent algnature : | required when reinstating)   | DATE                     |            |
|----------------|--|----------------|-----------------------------|--|--------------------------|------------|
| 12.            | OFFICERS AND DIRECTOR  |                | 13.                         | ADDITIONS/CHANGES TO C   | OFFICERS AND DIRECTOR    |            |
| TITLE          | DP   | ☐ DELETE       | 1.1 TITLE                   | 3  | Change                   | Addition   |
| NAME           | LAMMERT, LEONE   |                | 1.2 NAME                    |  |                          |            |
| STREET ADDRESS | 26901 CLARKSTON DRIVE #1104  |                | 1.3 STREET ADDRESS          |  |                          | }          |
| CITY-ST-ZIP    | BONITA SPRINGS FL 34135  |                | 1.4 CITY-ST-ZIP             |  |                          |            |
| TITLE          | DV   | ☐ DELETE       | 2.1 TITLE                   | DP .   | Change                   | Addition   |
| NAME           | LEBO, JAMES  |                | 2.2 NAME                    | İ  |                          | ì          |
| STREET ADDRESS | 314 HILLCREST DRIVE  |                | 2.3 STREET ADDRESS          |  |                          |            |
| CITY-ST-ZIP    | KITTYHAWK NC 27949   |                | 2.4 CITY-ST-ZIP             |  |                          |            |
| TITLE          | DST  | ☐ DELETE       | 3.1 TITLE                   | DV   | Change                   | Addition   |
| NAME           | NEWBAUER, ROBERT   |                | 3.2 NAME                    |  |                          |            |
| STREET ADDRESS | 1008 S BUTTERNUT CIRCLE  |                | 3.3 STREET ADDRESS          |  |                          |            |
| CITY-ST-ZIP    | FRANKFORT IL 40423   |                | 3.4. CITY-ST-ZIP            |  |                          | <b>—</b>   |
| TITLE          | D  | DELETE         | 4.1 TITLE                   | 201  | [] Change                | Addition   |
| NAME           | WELIEVER, JOYCE  |                | 4, 2 NAME                   | Carty Jane -   | 3. m # 11102             | _          |
| STREET ADORESS | 6803 HOMESTEAD DRIVE   |                | 4.3 STREET ADDRESS          | 26901 Clarkston  | 11. VE 1 11. V           |            |
| CITY-ST-ZIP    | INDIANAPOLIS IN 46227  |                | 4.4 CITY-ST-ZIP             | Bonita Springer, 7   | Dr.'ve #11102<br>Z 34135 |            |
| TITLE          | D  | ☐ DELETE       | 5.1 TITLE                   | / 4  | [] Change                | Addition   |
| NAME           | HESTER, GERALD   |                | 5.2 NAME                    |  |                          |            |
| STREET ADDRESS | 96 WOODLANDS GREEN DRIVE   |                | 5.3 STREET ADDRESS          | ·  |                          |            |
| CITY-ST-ZIP    | BRADEN MS 39042  |                | 5.4 CITY-ST-ZIP             |  |                          |            |
| TITLE          |  | ☐ DELETE       | 6.1 TITLE                   |  | Change                   | ☐ Addition |
| NAME           |  |                | 6.2 NAME                    | 1  |                          |            |
| STREET ADDRESS |  |                | 6.3 STREET ADORESS          |  |                          |            |
| CITY-ST-ZIP    |  |                | 6.4 CITY-ST-ZIP             | Control of the contro |                          |            |

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 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:

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

05-10-1999 90090 013 \*\*\*\*61.25

Applied For Not Applicable