

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90001 019 ***150.00

DOCUMENT # **P95000028640**

1. Corporation Name
ARCOTI, INC.

Principal Place of Business
**P.O. BOX 60838
FORT MYERS FL 33906**

Mailing Address
**P.O. BOX 60838
FORT MYERS FL 33906**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1995

4. FEI Number

65-0571613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**COTILLO, ANTONIO R
-2212-CRYSTAL-DRIVE 6516 Hartland St.
FORT MYERS FL 33907- 33912**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ DELETE
NAME **COTILLO, ANTONIO R**
STREET ADDRESS **2212 CRYSTAL DRIVE- 6516 Hartland St.**
CITY-ST-ZIP **FORT MYERS FL 33907- 33912**

TITLE **V** ☐ DELETE
NAME **HANCOCK, LARRY**
STREET ADDRESS **P.O. BOX 60838**
CITY-ST-ZIP **FORT MYERS FL 33906**

TITLE **S** ☐ DELETE
NAME **MONTE, LUIS**
STREET ADDRESS **P.O. BOX 60838**
CITY-ST-ZIP **FORT MYERS FL 33906**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ANTONIO R COTILLO 7-7-99 941 454-7177

CR2E034 (5/99)

586 741-90001-17
P95000028640

TO: DEPARTMENT OF STATE
RE: DOC. # P95000028640 ARCOTI INC.

HELLO, FOR THE LAST 4 YRS IN A ROW I HAVE NOT RECEIVED MY FIRST NOTICE FOR MY ANNUAL REPORT. IT ALSO HAPPENED THIS YEAR. I RECEIVED MY ANNUAL REPORT (2ND NOTICE) ON JULY 1ST IN THE MAIL DELIVERED TO MY POST OFFICE BOX, WHICH IS THE CORRECT MAILING ADDRESS OF MY COMPANY.

AFTER RECEIVING THIS DOCUMENT, I CALLED THE DEPARTMENT OF STATE AND DISCUSSED THIS WITH A GENTLEMAN. HE INSTRUCTED ME TO SEND 150.00 AND THIS EXPLANATION, SO THIS IS WHAT I AM DOING.

IF THERE IS ANYTHING ELSE I CAN DO FOR YOU TO HELP RECTIFY THIS PROBLEM, FEEL FREE TO CONTACT ME AT:

941-454-7177 OFFICE
941-936-8608 HOME
941-278-6830 DIG. PAGER
941-565-1268 MOBILE

Thank you for your time
ANTONIO R. COTILLO

