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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90243 040 \*\*\*150.00

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## **DOCUMENT # 191343**

1. Corporation Name

Principal Place of Business

C/TY-ST-ZIP

STREET ADDRESS

14. I hereby certify that the informa

CITY-ST-ZIP

TITLE

NAME

COURTHOUSE PROPERTIES, INC.

MR CLYDE H WILSON 27 SOUTH ORANGE AVE. SARASOTA FL 34236			27	MR CLYDE H WILSON 27 SOUTH ORANGE AVE. SARASOTA FL 34236				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  03/02/1956				
2 Principal Pl	lace of Business			, Mailing Address			<del></del>	4. FEI Number			Applie	ed For
21			- }	26				59-0769348			Not A	pplicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.						\$8.7	5 Add	litional
22	, -12.		27	. , .				5. Certifcate of Status Desired		Fee	Requ	ired
City & State				City & State				6. Election Campaign Financing		\$5.	00 ма	av Be
23			28	•				Trust Fund Contribution		Add	ed to F	ees
Zip		Country	1	Zip	Co	untry		8. This corporation owes the current year	ar Intar	ngible		
24	25	]	29		30			Personal Property Tax.	[	☐ Yes		No
,		d Address of Curre	nt Regis	stered Agent				10. Name and Address of New Registe	ered A	gent		
					_	81	Name					
WILSON, CLYDE H JR						82	Street Add	Address (P.O. Box Number is Not Acceptable)				
	OUTH ORANG						Olicet Add	read (1.0. box Hambor to Her Hosephadia)				
SARASOTA FL 34236												
1							0"			85	Zip Co	
						84	City		FL		zip Coi	
office or n agent. I a	egistered agent m familiar with,	or both, in the State and accept the obligation	of Flori ations of	da. Such change was a f, Section 607.0505, Flo	uthorize orida Sta	d by tutes.	the corporati	poration submits this statement for the purpo on's board of directors. I hereby accept the a	appoinu	ment a	s regis	distered (
Signature, typed or printed name of registered agent and title if epplicable. (NOTE: I  OFFICERS AND DIRECTORS					13		t signature require	ADDITIONS/CHANGES TO OFFICER			CTORS	3 IN 12
		OFFICERS AT	ผก เมอเ	FCTORS				ADDITIONS/CHANGES TO OFFICER	S AND	URE		
	PD	OFFICERS A	ND DIRI	ECTORS DELETE	_			ADDITIONS/CHANGES TO OFFICER		☐ Cha		Addition
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pages not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information sport is true and accurate and that my signature shall have the same legal effect as if made under path; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in indicated on this annual repo officer or director of the copo Block 12 or Block 13 if change ith an address, with all other like empowered. DUIRCLYDE H. WILSON, JR. 4/19/99 941/955-5800 **SIGNATURE** 

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

Change

Addition