

~~FILE NOW FILING FEE AFTER JAN 1 1998 IS \$1100~~

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25

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



FILED

99 SEP -3 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 342998

1. Corporation Name

RUSS GORGONE, INC.

Principal Place of Business

6345 MORGAN LA FEE LN
FT. MYERS FL 33912

Mailing Address

6345 MORGAN LA FEE LN
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1969

4. FEI Number

59-1236884

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 Tax.

☐ Yes

☐ No

2. Principal Place of Business

Suite, Apt #, etc.

City & State

Zip

Country

24

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

28

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORGONE RUSS
6345 MORGAN LA FEE LN.
FT. MYERS, FL 33912

81

Name LORRAINE GORGONE

82

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

6345 MORGAN LA FEE LN

83

84

City FT MYERS

FL

85

Zip Code

33912

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

Lorraine M. Gorgone

(NOTE: Registered Agent signature required when reinstating)

DATE

9-1-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GORGONE LORRAINE
STREET ADDRESS 6345 MORGAN LA FEE LN
CITY-ST-ZIP FT MYERS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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1.4

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☐ Change

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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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorraine M. Gorgone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LORRAINE M. GORGONE

9-1-99

Date

941-433-2244

Daytime Phone #

CR2E034 (11/98)