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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **449910**

1. Corporation Name
MCFADDEN & SPROWLS, INC.

Principal Place of Business

3701 TAMIAMI TRL NO
 NAPLES FL 34103
 US

Mailing Address

3701 TAMIAMI TRL NO
 NAPLES FL 33940
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1974

4. FEI Number
59-1519604

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 3701 Tamiami Trail N.
 27 Suite, Apt. #, etc.

28 City & State

Naples, FL

29 Zip

34103

30 Country

9. Name and Address of Current Registered Agent

SPROWLS, PAUL E
3701 TAMIAMI TRL NO
NAPLES FL 34105

10. Name and Address of New Registered Agent

81 Name

Paul E. Sprowls

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

3701 Tamiami Trail N

83

84 City

Naples

FL

85 Zip Code

34103

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 DELETE
 NAME **CTD**
SPROWLS, PAUL E.
 STREET ADDRESS **1000 ORIOLE CIRCLE**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
 NAME **PD**
WARNKEN, GERALD F.
 STREET ADDRESS **930 NOTTINGHAM DRIVE**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
 NAME **V**
CARR, MICHAEL J.
 STREET ADDRESS **11466 LONGSHORE WAY WEST**
 CITY-ST-ZIP **NAPLES FL**

TITLE DELETE
 NAME **VD**
OYER, STEVEN
 STREET ADDRESS **720 ROCKPORT COURT**
 CITY-ST-ZIP **MARCO ISLAND FL**

TITLE DELETE
 NAME **S**
SPROWLS, ANN C
 STREET ADDRESS **1000 ORIOLE CIR**
 CITY-ST-ZIP **NAPLES FL**

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 **PD**
Gerald F. Warnken
 2.3 STREET ADDRESS **2071 Sevilla Way**
 2.4 CITY-ST-ZIP **Naples, FL 34109**

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, with all other like empowered.

SIGNATURE:

Paul E. Sprowls

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

Date

941-261-1551

Daytime Phone #

CR2E034 (11/98)