

PROFIT CORPORATION ANNUAL REPORT 2000



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAR 27 PM 1:10

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.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 **3701 Tamiami Trail N.**

27 Suite, Apt. #, etc.

28 City & State

**Naples, FL**

29 Zip Country

**34103**

30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROWLS, PAUL E.	1.2 NAME	
STREET ADDRESS	1000 ORIOLE CIRCLE	1.3 STREET ADDRESS	<b>000003195740--0</b>
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	<b>-04/04/00--01088--020</b>
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNKEN, GERALD F.	2.2 NAME	
STREET ADDRESS	2071 Sevilla Way	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34109	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, MICHAEL J.	3.2 NAME	
STREET ADDRESS	11466 LONGSHORE WAY WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OYER, STEVEN	4.2 NAME	
STREET ADDRESS	720 ROCKPORT COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPROWLS, ANN C	5.2 NAME	
STREET ADDRESS	1000 ORIOLE CIR	5.3 STREET ADDRESS	<b>pb/so</b>
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paul E. Sprowls*

**3/22/00**