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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90160 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 524152

1. Corporation Name
ARMON, INC.

Principal Place of Business
**16165 S TAMiami TRAIL
FT. MYERS FL 33908**

Mailing Address
**16165 S TAMiami TRAIL
FT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/20/1977

4. FEI Number
59-1727778

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 **16050 S. TAMiami TRAIL**

2a. Mailing Address
26 **16050 S. TAMiami TRAIL**

Suite, Apt. #, etc
22 **SUITE 105**

Suite, Apt. #, etc
27 **SUITE # 105**

City & State
23 **FT. MYERS FL**

City & State
28 **FT. MYERS FL**

Zip
24 **33908**

Zip
29 **33908**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOONSOPON, ARMON
16165 S. TAMiami TRAIL
FT. MYERS FL 33908**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TS** ☐ DELETE
NAME **BOONSOPON, VILAWAN**
STREET ADDRESS **16165 S. TAMiami TRAIL**
CITY-ST-ZIP **FT. MYERS FL**

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **16050 S. TAMiami TRAIL #105**
14 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE **PD** ☐ DELETE
NAME **BOONSOPON, ARMON**
STREET ADDRESS **16165 S. TAMiami TRAIL**
CITY-ST-ZIP **FT. MYERS FL**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS **16050 S. TAMiami TRAIL**
24 CITY-ST-ZIP **FT. MYERS FL 33908**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ Change ☐ Addition
16 NAME
17 STREET ADDRESS
18 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 #

March 3 1999 (941) 482-1140

CR2E034 (11/98)