

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90060 004 ***150.00

DOCUMENT # 531974

1. Corporation Name

PUNTA GORDA ISLES SALES, INC.

Principal Place of Business
1625 WEST MARION AVENUE
PUNTA GORDA FL 33950-5276

Mailing Address
1625 WEST MARION AVENUE
PUNTA GORDA FL 33950-5276

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1977

4. FEI Number

59-1745266

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 Suite 1

27 City & State

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, JAMES E III
1625 W. MARION AVE.
STE. 2
PUNTA GORDA FL 33950

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 PD ☐ DELETE
NAME SCHIFFER, LAURENCE A
STREET ADDRESS 212 S. CENTRAL, SUITE 100
CITY-ST-ZIP ST. LOUIS MO 63101

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Zip is 63105

TITLE SD ☐ DELETE
NAME LOVE, ANDREW S JR.
STREET ADDRESS 212 S. CENTRAL, SUITE 100
CITY-ST-ZIP ST. LOUIS MO 63101

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Zip is 63105

TITLE AST ☐ DELETE
NAME CLEMENT, GLORIA
STREET ADDRESS 212 S. CENTRAL, SUITE 100
CITY-ST-ZIP ST. LOUIS MO 63101

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Zip is 63105

TITLE AT ☐ DELETE
NAME KOVARIK, ANNETTE
STREET ADDRESS 212 S. CENTRAL, SUITE 100
CITY-ST-ZIP ST. LOUIS MO 63101

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Zip is 63105

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Gloria D Clement
Assistant Secretary

Date

Daytime Phone #

4/26/99 (314) 512-8711

CR2E034 (11/98)

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