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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # 541643

AYERS-HAGAN-BOOTH OF FLORIDA, INC.

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90060 021 \*\*\*150.00



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Principal Place	e of Business	Mailing Address					REST DIGIT BEDEL DE	CII BIBLI BIBLI SBAI
1714 CAPE CORAL PARKWAY		1714 CAPE CORAL PARKWAY						
CAPE CORAL-FL 33904		CAPE CORAL FL 33904						
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						3. Date Incorporated or Qualifed		
						07/27/1977		
2. Principal P	lace of Business	2a. Mailing Address	5			4. FEI Number		Applied For
21		26				59-1808563		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	c. ,		•	S O ST to a Status Basins D	\$8.7	5 Additional
22	• • •	27				5. Certifcate of Status Desired	Fee	Required
City & State	<u> </u>	City & State				6. Election Campaign Financing	<b>\$</b> 5.0	00 May Be
23		28				Trust Fund Contribution .	Add	ed to Fees
=Zip ===	Country	Zip	Col	intry		8. This corporation owes the current ye	ear Intangible	
24	25	29	30			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	<del></del>		T		10. Name and Address of New Regist	tered Agent	
				81	Name	•		
R00	SA, RICHARD V. S.					(C.C. D. N. Harris Nat Assessable)		
.1714	CAPE CORAL PARKWAY			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
CAP	E CORAL FL 33904			83		<del>-</del>	<del></del>	
				84	City	<del>-</del>	FL  85   2	Zip Code
44 5		500 4 007 4500 Flacida	Ctatutas the s		named con	poration submits this statement for the purpo	'	t its registered
office or r	egistered agent or both in the Stat	te of Florida. Such change	was authorize	a by i	tne corborati	ion's board of directors. I hereby accept the	appointment a	s registered
agent. I a	m familiar with, and accept the obli	gations of Section 607.050	)5, Florida Stat	utes.	•	•		
l								
SIGNATURE								ì
SIGNATURE	Signature, typed or printed name of registered a				t signature requir		ATE	CTORS IN 12
12.	OFFICERS A	AND DIRECTORS	13.		t signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIREC	
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CITY-\$T-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.