Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

☐ Yes

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

DOCUMENT # 555185

1. Corporation Name

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Zip

City & State

CASE-RIGBY REAL ESTATE, INC.

CASE NIGDT TIERE ESTATE,	ino.				
Principal Place of Business	Mailing Address				
1190 ESTERO BLVD	1190 ESTERO BLVD				
FT MYERS BEACH FL 33931	FT MYERS BEACH FL 33931				
2. Principal Place of Business	2a. Mailing Address				
21					
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

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City & State

Zip

9. Name and Address of Current Registered Agent

Country

RIG	æΥ,	AN	ronii	NA			
307	7 FA	IRW	EATH	I ER	LA	NE	
FT	MYE	RS	BEA	CH	FL	3393	11

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FILED						
Mar 12, 1999 8:00 am						
Secretary of State						

03-12-1999 90036 033 ***300.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/12/1977 4. FEI Number

59-1785273

5. Certificate of Status Desired____

6. Election Campaign Financing

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

				į				
			84	City		FL	85 Z	ip 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 (
TITLE	PD	DELETE 1	.1 TITLE				Chang	ge
NAME	RIGBY, ANTONINA	1	.2 NAME					Į.
STREET ADDRESS	307 FAIRWEATHER LANE	1	.3 STREE	T ADDRESS				
CITY-ST-ZIP	FT MYERS BEACH FL	1	.4 CITY-S	T-ZiP		•		
TITLE	D	☐ DELETE 2	.1 TITLE				Chang	ge 🗌 Addition
NAME	RIGBY, CLARENCE] :	2 NAME					ľ
STREET ADDRESS	307 FAIRWEATER LANE		.3 STREE	T ADDRESS				1
CITY-ST-ZIP	FT. MYERS BEACH FL		. 4 CITY-S	ST-ZIP				
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STREET ADDRESS			.3 STREE	T ADDRESS	;			
CITY-ST-ZIP			A CITY-S	T-ZIP		•		
TITLE		☐ DELETE 5	.1 TITLE				Chan	ge 🗀 Addition
NAME		Į (2 NAME					1
STREET ADDRESS		9	3 STREE	T ADDRESS	1			
CITY-ST-ZIP	·		i.4 CITY-\$	T-ZIP				
TITLE	•	☐ DELETE	3.1 TITLE				Chan	ge Addition
NAME			3.2 NAME					
STREET ADORESS		ļ	.3 STREE	T ADDRESS				
CITY-ST-ZIP	U. J. Jah Ab.) File	(6.4 CITY-S		rd in Section 110.07(2)(i) Florido Statuto			اا

Country

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4. 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:

INCOMEN AME OF SIGNING OFFICER OR DIRECTOR

2-15-99 941-463-3412 Date Deytime Phone #

CR2E034