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Mar 17, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 580397

1. Corporation Name

WOODWARD, PIRES & LOMBARDO, P.A.

Principal Place of Business

606 BALD EAGLE DRIVE, SUITE 500
P. O. BOX ONE
MARCO ISLAND FL ~~33069~~
US

Mailing Address

606 BALD EAGLE DRIVE, SUITE 500
P. O. BOX ONE
MARCO ISLAND FL ~~33069~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1978

4. FEI Number

59-1842760

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

23 Zip Country

24 **34146** 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **34146** 30

9. Name and Address of Current Registered Agent

WOODWARD, CRAIG R.
606 BALD EAGLE DRIVE, SUITE 500
ISLAND TOWER BUILDING
MARCO ISLAND FL ~~33069~~

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

34145

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

TITLE **TD** ☐ DELETE
NAME **WOODWARD, MARK J**
STREET ADDRESS **606 BALD EAGLE DR, S500**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **PD** ☐ DELETE
NAME **WOODWARD, CRAIG R**
STREET ADDRESS **606 BALD EAGLE DR, S500**
CITY-ST-ZIP **MARCO ISLAND FL**

TITLE **VDS** ☐ DELETE
NAME **PIRES, ANTHONY P.**
STREET ADDRESS **801 LAUREL OAK DR #040**
CITY-ST-ZIP **NAPLES FL**

TITLE **VD** ☐ DELETE
NAME **LOMBARDO, CHRISTOPHER J.**
STREET ADDRESS **801 LAUREL OAK DR #040**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP **34145**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP **34145**

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP **#710 34108 zip code**

41 TITLE ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP **#710 34108 zip code**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 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 #

CR2E034 (1/198)