## 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 # 615009 1. Corporation Name

GRAND CHENIER, INC.

Principal Place of Business Mailing Address							***************************************		
791 FIFTH AVENUE SOUTH 791 FIFTH AVE SOUTH									
NAPLES FL 34102 NAPLES FL 34102						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualified			
						03/22/1979			
2. Principal P	2a. Mailing Address	Mailing Address			4. FEI Number		Apr	olied For	
21		26	26			59-2024287		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		<b>\$8.75</b> A Fee Red	
City & Stat	City & State	y & State			6. Election Campaign Financing		\$5.00	May Be	
23		28	28			Trust Fund Contribution	<u> </u>	Added to	Fees
Zip	Country	Žip	Cor	ıntry		8. This corporation owes the cur	rent year		_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curr	rent Registered Agent		ļ.,		10. Name and Address of New	Registere	id Agent	
0.0				81	Name .				
SMITH, WALTER J				82	Street Addr	Address (P.O. Box Number is Not Acceptable)			
791 FIFTH AVENUE SOUTH									
NAP	LES FL 34102			83					ĺ
				84	City		<del></del>	85 Zip C	Code
				1 1			F	L	
office or r	egistered agent, or both, in the Sta m familiar with, and accept the obli	ite of Florida. Such change was igations of, Section 607.0505, F	authorize Iorida Stat	d by tutes.	the corporation	oration submits this statement for the on's board of directors. I hereby acce	pt the app	ointment as reg	gistered
	Signature, typed or printed name of registered a	, , , , , , , , , , , , , , , , , , , ,		d Agen	t signature require	d when reinstating)	DATE	AND DIRECTO	DC IN 12
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FICERS	Change	Addition
TITLE	PD CHARLES B					•			
NAME EDWARDS, CHARLES B				1.2 NAME					}
STREET ADDRESS 12800 UNIVERSITY DRIVE., SUITE 600			1	1.3 STREET ADDRESS					ł
CITY-ST-ZIP	FT. MYERS FL 33906		_	ITY-\$1	r-ZIP			Change	Addition
TITLE	VSTD	☐ DELETE	2.1 T					☐ Change	ا المسامعہ ک
NAME	SMITH, WALTER J		2.2 N						J
STREET ADDRESS	791 FIFTH AVENUE SOUTH		2.3 S	TREET	ADDRESS				-
CITY-ST-ZIP	NAPLES FL 34102	- Delete		TTY-S	T- ZIP		727- 17	Change	Addition
TITLE		☐ DELETE	3.1 T					[_] Citalige	[ ] Addition
NAME			3.2 N						ļ
STREET ADDRESS					ADDRESS				Ī
CITY-ST-ZIP		□ BELETT		CITY-S	T- ZIP			☐ Change	Addition
TITLE		☐ DELETE	4.1 T					□ Cuange	[_] Addition
NAME	·			VAME					
STREET ADDRESS	,				ADDRESS				ļ
CITY-ST-ZIP	<u> </u>	——————————————————————————————————————		ITY-S	T-ZIP			[] Change	Addition
TITLE		☐ DELETÉ	5.1 T					Change	
NAME			5.2 N						ł
STREET ADDRESS			•		ADDRESS		•		ļ
CITY-ST-ZIP				ITY-SI	r-ZIP	· .	<del></del>		
TITLE '	•	☐ DELETE	6.1 T					☐ Change	Addition
NAME			6.2 N						Ì
	i		63.5	TREET	ADDRESS				i

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

Walter J. Smith, VP/Sec./Treas.

3/17/99

**FILED** 

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90119 007 \*\*\*150.00