

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90055 031 ***150.00

DOCUMENT # 616510

1. Corporation Name

LORICCO, WILLIAMS, CROSLAND, SANDLES AND JOINER,
C.P.A.'S, P.A.

Principal Place of Business

3005 CARING WAY STE A
P O BOX 3179
PORT CHARLOTTE FL 33949

Mailing Address

3005 CARING WAY STE A
P O BOX 3179
PORT CHARLOTTE FL 33949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1979

4. FEI Number

59-1892838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A
City & State

27
City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WILLIAMS, DON E~~
~~3005 CARING WAY~~
~~PORT CHARLOTTE FL 33952~~

81 Name

Brian W. Crosland

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

3005 Caring Way, Suite A

83

84 City

Port Charlotte,

FL

85 Zip Code

33952

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

Brian W. Crosland

4/19/99

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 ☒ DELETE
NAME TD
STREET ADDRESS WILLIAMS, DON E
CITY-ST-ZIP 2274 BREMEN CT.
PUNTA GORDA, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME PD
STREET ADDRESS LORICCO, CARLO J
CITY-ST-ZIP 4418 N. SHORE DR.
CHARLOTTE HARBOR, FL 00000

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Secretary/Treasurer
3.3 STREET ADDRESS Brian W. Crosland
3.4 CITY-ST-ZIP 2274 Bremen Court
Punta Gorda, Florida 33983

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Vice President
4.3 STREET ADDRESS J. Scott Joiner
4.4 CITY-ST-ZIP 117 Chasteen Street
Punta Gorda, Florida 33950

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

Date

941/629-1197

Daytime Phone #

CR2E034 (11/98)

0451580