

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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90023 026 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 653276

1. Corporation Name

THE MINNELUSA COMPANY

Principal Place of Business

**14070 MCGREGOR BLVD.
FT. MYERS FL 33919**

Mailing Address

**C/O A. JOHN HUGHES JR.
2121 MCGREGOR BLVD.
FORT MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1980

4. FEI Number

84-0806805

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.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

FORT MYERS FL

Zip

Country

29

33911

30

LEE

9. Name and Address of Current Registered Agent

**BATES, JAMES
14070 MCGREGOR BLVD
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

JAMES GOETZ

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

2133 WINKLER AVE #300

83

FORT MYERS

84 City

FL

85 Zip Code

33911

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 May 99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
GOWER, F. H., JR.
STREET ADDRESS
5600 S QUEBEC STE 315A
CITY-ST-ZIP
ENGLEWOOD CO

TITLE ☐ DELETE

NAME
PD
STREET ADDRESS
621-17TH STREET #1301
CITY-ST-ZIP
DENVER CO

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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

Paul Hoover, President

Date

5/24/99

Daytime Phone #

CR2E034 (1/98)