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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F09176

JAMES E. HIRST & ASSOCIATES, INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90024 047 ***150.00



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Principal Place	of Business		Mailing Address						
309 AIRPORT PULLING RD N.		309 AIRPORT RD N							
NAPLES FL 34104			NAPLES FL 34104 US			DO NOT WR	TE IN THIS SPACE	<u> </u>	
US						3. Date Incorporated or Qualifed			
						12/05/1980			
2. Principal Pi	ace of Busine	ss	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number			ed For
21		- su	26			<u>59-2049666</u>	40		Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		. 75 Add ee Requ	
22		\$2.4M	27						
City & State		* 3"	— ·	City & State		6. Election Campaign Financing Trust Fund Contribution		.00 м. ided to l	
23			28	Coun	TOV.	8. This corporation owes the cur			
Zip		Country	Zip	30	u y	Personal Property Tax.	Ye]No
24	2)) 2	5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	29 ent Registered Agent	30		10. Name and Address of New	Registered Agent		
	9. Name a	nd Address of Curre	sur izaRiareian uReur		31 Name				
SPA	RKMAN, RIC			Ļ	10 Di 10 I	(D.O. Boy Number in Not Acces	ahla)		
307	AIRPORT RO	AD NORTH	•		Street Add	ress (P.O. Box Number is Not Accep	autoj Marka o objekta i koj	. 5 5 5 5 5	
	LES FL 3394			la la	33	· 1000000000000000000000000000000000000	No. 2 Park	1 3 3 1 3 1	
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					Gity		FL 85	Zip Çü	
		no of Sections 607 05	502 and 607 1508 Florida Statute	es, the ab	ove-named con	poration submits this statement for thi	purpose of chang	ing its re	gistered
						ion's board of directors. I hereby acco	ept the appointment	as regi	sterea
agent. I a	ım familiar with	n, and accept the obliq	gations of, Section 607.0505, Flor	iida Statu					
SIGNATURE	Clanature hand	r printed name of registered a	gent and title if applicable. (NOTE:	Registered A	gent signature require	ed when reinstating)	DATE		
12.	orgnature, typed t		AND DIRECTORS	13.		ADDITIONS/CHANGES TO O			
TITLE	Ρ		☐ DELETE	1.1 TITL	E	SA SA		hange	Addition
NAME	HIRST, JA	MES E		1.2 NAM	AE	•			
STREET ADDRESS		AVENUE S.W.		1.3 STF	EET ADDRESS				
CITY-ST-ZIP	NAPLES F			1.4 CIT	Y-ST-ZIP				□ A J J J J J J J J J J
TITLE	V		☐ DELETE	2.1 TITI	.E		LC	hange	☐ Addition
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CITY-ST-ZIP	NAPLES F			2. 4 Cf	Y-ST-ZIP				
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CITY-ST-ZIP				4.4 CIT	Y-ST-ZIP				
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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 of the receiver of 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:

Car. Acco SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR