02-23-1999 90023 003 \*\*\*150.00

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





FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOC	Uľ	MENT	*# 🗗	<b>N9</b> 1	IRO
				$\mathbf{c}$	-

1. Corporation R.J. MCC	CORMACK, ARCHITECT, II						
Principal Place	of Business	Mailing Address				I (BB)/BB (vi) dEvs (didt lida) läht blat alati arati arati arati arati arati	
4575 VIA ROYA		4575 VIA ROYALE 210					
FORT MYERS FL 33919 FORT MYERS FL 33919		33919			DO NOT WRITE IN THIS SPACE		
บร		U\$				3. Date incorporated or Qualifed	
						12/15/1980 4. FEI Number   Applied For	
· ·	face of Business	2a. Mailing Addre	ess			59-2086652 Not Applied	
21		26 Suite, Apt. #,	oto			39-2000032   Not Applica	
Suite, Apt.	#, etc.	27	eic.			5. Certificate of Status Desired	
- City-& State	<del>.</del>	City & State	- ^-			6: Election Campaign Financing	
Zip	Country	Zip	(	Country		This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New Registered Agent	
1246	CORMACK, R.J. 88 MCGREGOR WOODS CIRCL T MYERS FL 33907	E		82		Address (P.O. Box Number is Not Acceptable)	
1011	T WITCHO TE GGGG			84	City	85 Zip Code	
[				] [	•	FL	
office or re agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such chark	je was autnor	ized by i	ine corpora	corporation submits this statement for the purpose of changing its registere oration's board of directors. I hereby accept the appointment as registered	be
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Regis	tered Agen	t signature req	equired when reinstating) DATE	
12.	OFFICERS A	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	PD		LETE 1	1.1 TITLE		PD Ad	dition
NAME	MCCORMACK, R. J.		1	1 2 NAME		McCornack, 2.5. S256-2 Ceder Bend	
STREET ADDRESS	12458 MCGREGOR WOODS	CIR	1	1.3 STREET ADDRESS		5256-2 PERSON CERT DEND	
CITY-ST-ZIP	FORT MYERS FL 33907		1	1 4 CITY-ST	- ZIP	Fort Myers, FL. 33919	
TITLE		וס 🗆	LETE 2	2.1 TITLE	1	☐ Change ☐ Ad	dition
NAME				2.2 NAME			Ì
STREET ADDRESS			; :	2.3 STREET	ADDRESS		l
CITY-ST-ZIP				2.4 CITY=S	T-ZIP		
TITLE		□ D	LETE :	3.1 TITLE		☐ Change ☐ Ad	idition
NAME			3	3.2 NAME		•	
STREET ADDRESS			:	3.3 STREET	ADDRESS	•	
CITY-ST-ZIP				3.4. CITY-S	T- ZIP		
TITLE		□ D	LETE	4.1 TITLE		☐ Change ☐ Ad	idition
NAME			į.	4. 2 NAME			
STREET ADDRESS			4	4.3 STREET	ADDRESS		Į
CITY-ST-ZIP				4.4 CITY-S1	r-ZIP		
TITLE		□ D	LETE .	5.1 TITLE		☐ Change ☐ Ad	Idition
	1			5.2 NAME		•	(

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 eceiver 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 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 eceiver 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 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 exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation or the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that I am an officer or director of the corporation or the exemption of the exemp

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CfTY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Addition

Change