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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATÈ

**FILED** 

Jan 28, 1999 8:00am

**Secretary of State** 

01-28-1999 90007 004 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F18890

## FLORIDA SOUTHERN INVESTMENT, CORPORATION

Principal Place of Business		Mailing Address	<del></del>		MIL MIMIL MINIT MINIT MENIC NEUL MINIT (NAI
2109 CLEVELAND AVE		2109 CLEVELAND AVE			•
PO BOX 1327   FT MYERS FL 33902		PO BOX 1327 FT MYERS FL 33902		DO NOT WOITE	NI TURO ODA OF
FI MICHO FE	33902	F1 MIERS PL 33902	·	3. Date Incorporated or Qualifed	IN THIS SPACE
		· ·		02/10/1981	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2062136	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Stat	te .	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	<del></del>	Added to Fees
24	25	. 29	30	This corporation owes the current personal Property Tax.	year intangible
	9. Name and Address of Currer		190	10. Name and Address of New Regi	
	8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2	81 Name		
KRE	INBRINK, DANIEL W.	ELEPTRICAL E	00 5444	/ /D O D N	
,	70 11. 181EN ND.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	)
ALV	A FL 33920	4	83	The state of the s	
1	•		24 20	<u>。                                    </u>	pentitus and thing
			· 84 City		FL 85 Zip Code
C13. 13. 5 30. 41			1 '1		<u> </u>
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statut	es, the above-named corp	poration submits this statement for the purp	pose of changing its registered
11. Pursuant office or r agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	02 and 607,1508, Florida Statute of Florida, Such change was a ations of, Section 607,0505, Flo	es, the above-named corputation in the corporation of the corporation is the corporation of the corporation	poration submits this statement for the purp tion's board of directors. I hereby accept the	pose of changing its registered e appointment as registered
agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State in familiar with, and accept the obligations of the control of	02 and 607,1508, Florida Statut of Florida. Such change was a ations of, Section 607,0505, Flo	es, the above-named corputhorized by the corporation Statutes.	poration submits this statement for the purplion's board of directors. I hereby accept the	pose of changing its registered e appointment as registered
SIGNATURE	m familiar with, and accept the obligation of th	ations of, Section 607.0505, Flo	es, the above-named cor juthorized by the corporati rida Statutes.  Registered Agent signature require	red when reinstating) , , , , , , ; ;	DATÉ
SIGNATURE	m familiar with, and accept the obligation of registered age  OFFICERS AN	ations of, Section 607.0505, Flo	rida Statutes.  Registered Agent signature require	red when reinstating):, : : :: ;  ADDITIONS/CHANGES TO OFFICE	DATÉ
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AN	ations of, Section 607.0505, Flo	rida Statutes.  Registered Agent signature require	red when reinstating) , , , , , , ; ;	DATÉ
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered age OFFICERS AN PD KREINBRINK, DANIEL W	ations of, Section 607.0505, Flo	rida Statutes.  Registered Agent signature require	red when reinstating):, : : :: ;  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age OFFICERS AN PD KREINBRINK, DANIEL W 12100 N. RIVER RD.	ations of, Section 607.0505, Flo	Registered Agent signature requirements.  13. 1.1 TITLE	red when reinstating):, : : :: ;  ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN PD KREINBRINK, DANIEL W	ations of, Section 607.0505, Flo	Tida Statutes.  Registered Agent signature requirements  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating):, : : :: ;  ADDITIONS/CHANGES TO OFFICE	CATE  CRS AND DIRECTORS IN 12  Change Addition
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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 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 or an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

ELW. KREINBRINK 1-6-99