FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90043 033 ***150.00

DO NOT WRITE IN THIS SPACE

3. Date ir corporated or Qualifed

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

Mailing Address

FT. MYERS FL 33919

108 B

6385 PRESIDENTIAL COURT

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F47447

1. Corporation Name

Principal Place of Business

6385 PRESIDENTIAL COURT

FT. MYERS FL 33919

FERRIS ASSOCIATES, INC.

2. Prince Place of Business 2a. Mailing Address 5. Popular State 5. Section Color								10/0	6/1981			
Suite, Apt. #, etc. 2 27 27 30. Certificate of Status Desired 28 City & Siste 29 Country 20 Reperson Property Tax. 21 Reperson Property Tax. 22 Reperson Property Tax. 23 Reperson Property Tax. 25 Reperson Property Tax. 26 Reperson Property Tax. 27 Reperson Property Tax. 27 Reperson Property Tax. 28 Reperson Property Tax. 29 Reperson Property Tax. 20 Rept. 12 Reperson Property Tax. 20 Reperson Property Tax. 20 Repers	2. Principal Place of Business			2a. Mailing Address							pplied For	
Suite, Apt. #, etc. 2 27 27 30. Certificate of Status Desired \$8.75 Auditional \$8.75	21			26			59-2	186320		N	ot Applicable	
City & Sale City & State City & City & State City & City	Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Contiferate of Status Desired \$8.75 Additiona				
20 Secret Address of New Registers Address of New Registers Agent	22											
Zip Country Zip Country Zip Country Size Size Country Size Size Country Size Size Size Size Size Size Size Size	`	е	⊢ ′					, ,	·			
9. Name and Add was of Current Registered Agent CRAIG, HUNTER B. 201 SE, 24TH AVE. POMPANO BEACH FL 33062 11. Pursuant to the provisions of Sections 807 0502 and 607 1508. Florids Status is, the above-named corporation submits this statement for the pursoes of thanpling the rigistered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florids Status is, the above-named corporation submits this statement for the pursoes of thanpling the rigistered agent. I am familiar with, and accept the obligations of, Section 607 0505. Florids Statutes SIGNATURE SIGNATURE SIGNATURE 12. DEFICERS AND DIRECTORS 13. ADDITIK NISICHANGES TO OFFICERS AND DIRECTOR S IN 12. TITLE DP	23	Cour	2'04		Cou	ntry				•		to rees
9. Name and Add uss of Current Registered Agent CRAIG, HUNTER B. 201 SE, 24Th AVE. POMPANO BEACH FL 33062 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Cide 11. Pursus it to the provisions of Sections 607 5502 and 607 1508. Florida Statu es. the above-named corporation submits this statement for the purpose of changing its rigistered office or registered agent, or both, in the State of Florida. Such change was ruthorized by the corporation submits this statement for the purpose of changing its rigistered office or registered agent, or both, in the State of Florida. Such change was ruthorized by the corporation submits this statement for the purpose of changing its rigistered office or registered agent. I shall be corporation submits the statement for the purpose of changing its rigistered office or registered agent. I shall be corporation submits the statement for the purpose of changing its rigistered of office or registered agent. I shall be corporation submits the statement for the purpose of changing its rigistered office or registered agent. I shall be corporation submits the statement for the purpose of changing its rigistered office or registered agent. I shall be corporation submits the statement for the purpose of change its rigistered of circulars. I hereby accept the appointment as registered agent. I shall be corporation submits the statement for the purpose of change in detailed of the appointment as registered agent. I shall be corporation submits the statement for the purpose of change in detailed of the appointment as registered agent. I shall be corporation submits the statement for the purpose of changes are detailed. 12. DFFICERS AND DIRECTORS 13. ADDITA INSIGHANGES TO OFFICERS AND DIRECTORS In 12 Number is Not Acceptable. 14. City of the appointment as registered agent. In the purpose of changes in detailed agent. In the purpose of the appointment as registered agent. In the purpose of the appoin			in y	├ ── `	r1	iia y			•	•		ov/K1
CRAIG, HUNTER B. 201 S.E. 24TH AVE. POMPANO BEACH FL 33062 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statu es. the above-named corporation submits this statement for the pursues of changing its rigistered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the pursues of changing its rigistered agent, and the provisions of Sections 607 0505. Florida Statu es. the above-named corporation submits this statement for the pursues of changing its rigistered agent, and the provisions of Sections 607 0505. Florida Statutes. SIGNATURE SIG	24		less of Current		130							
201 SE, 24TH AVE. POMPANO BEACH FL 33062 11. Pursuant to the provisions of Scicions 807 0592 and 607 1506, Florida Statute s, the above-named corporation submits this statement for the purpose of changing its rigistered agent, or both, in the State of Florida, Such change was rightnotized by the corporation's board of cirector's. Thereby accept the applications of SciSGNATURE Signature, typical or private five obligations of, Section 607 3505, Fixedia Statutes. 12.		J. Name and Ade	233 01 00110111			81	Name			<u> </u>		
201 SE. 24TH AVE. POMPANO BEACH FL 33062 84	CRAIG, HUNTER B.											
POMPANO BEACH FL 33062 83 84 City FL 85 Zip Circle 11. Pursua it to the provisions of Sections 807.0502 and 607.1508. Florida Statu es, the above-named corporation submits this statement for the purpose of changing its significant of Sections 607.0505. Florida Statu es, the above-named corporation submits this statement for the purpose of changing its significant and accept the obligation of, Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE 12.				82 Street Addi			ddress (P.O. Bo	ox Number is Not	Acceptable)			
### City ### ### City ### ###												
11. Pursua it to the provisions of Sections 607.0502 and 607.1508. Florida Statu es, the above-named corporation submits this statement for the purpose of changing its rigistered office or registered agent, or both, in the State of Florida. Such change was inthorized by the corporation's board of cirectors. I hereby accept the appointment as registered agent, in the State of Florida. Statutes. SIGNATURE 12.		.,,,,,										
11. Pressuant to the provisions of Sections 607 6502 and 607 1508, Findrid Statu es, the above-named corporation submits this statement for the purpose of changing as registered office or registered agent, or both, in the State or Florida. Statutes understand by the corporation's board of circotors. I hereby accept the application of Section 607 0505, Fix-rida Statutes. SIGNATURE Signature, typed or printed na to of registered agent						84	City				85 Zip	Code
office or registered agent, or both, in the State of Florida, Such change was ruthorized by the corporation's board of cirectors. Thereby accept the appainment as registered agent, an familiar with, and accept the billipathors of, section 607,0505, firidial Statutes. Signature, typed or printed as an of registered agent of the of appacable. NOT: Registered Agent agent or required agent of the of appacable. NOT: Registered Agent agent or required agent or registered depending agent or required agent or re							nomed o	sporation suba	aita thin etatemont	_		e ragistered
Agent, 1 am familiar with, and accept the obligations of, Section 607,090s, Firmed Statutes. SIGNATURE Signature, 1998 of printed no se of registered agent and title of applicables. NOT1 Registered Agent agents agents required when renestating) DATE	office or r	egistered agent, or bo	oth, in the State o	^r Florida. Such change was a	authorized	l by ti	he corpor	etion's board of	cirectors. I hereb	y accept the ap	pointment as re	egistered
Signature, typed or printed rate of registeres agent used tree if application, (NOT). Requisered Agent application, remortation). (NOT). Requisered Agent application. (NOT). Requirements application. (NOT). Requ	agent. (a	m familiar with, and a	ccept the obligati	ons of, Section 607.0505, Flo	orida State	utes.						
12.	SIGNATURE											
TITLE DP SLOAN, JAMES F STREET ADORE IS STREET		Signature, typed or printed na				Agent	signature req					OES IN 12
SLOAN, JAMES F STREET ADDRE IS								ADDIT	IC NO TANGES	TO OTT TO ENG		
STREET ADDRE S BONTA SPRINGS FL TITLE D CITY. ST. ZIP CITY. ST. ZIP BONITA SPRINGS FL CITY. ST. ZIP CITY			-		- 1						onunge	
MANE STREET ADDRESS												1
TITLE D DELETE 21 TITLE Change Addition NAME SLOAN, PATRICIA C STREET ADDRESS STREET ADDRESS CITY. ST-ZIP BONITA SPRINGS FL DELETE 3.1 TITLE DELETE 3.1 TITLE Addition NAME 32 NAME 32 NAME 33 STREET ADDRESS CITY. ST-ZIP TITLE DELETE 4.1 TITLE Addition NAME STREET ADDRESS CITY. ST-ZIP DELETE 4.1 TITLE Addition NAME STREET ADDRESS CITY. ST-ZIP DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY. ST-ZIP DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY. ST-ZIP TITLE DELETE 5.1 TITLE DELETE 5.1 TITLE Change Addition Addition NAME STREET ADDRESS CITY. ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Addition Change Addition Change Addition Change Addition Change Addition Addition NAME STREET ADDRESS	STREET ADORE 3S											i
NAME SLOAN, PATRICIA C 2.2 NAME	CITY-ST-ZIP		5 FL	D DELETE			ZIP	- 		·	- Chapas	
STREET ADDRESS STRE	TITLE	_		□ DELETE							Change	☐ Addidon
DELETE D	NAME				•							
DELETE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS				<u>'</u>		ADDRESS					
STREET ADDRESS	CITY-ST-ZIP	BONITA SPRINGS	<u> </u>		_		-ZIP	_				
3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE			☐ DELETE 3.11		3.1 TITLE					☐ Change	Addition
34 CITY-ST-ZIP 34 CITY-ST-ZIP Change Addition Change Addition A	NAME				3.2 N	AME						
TITLE	STREET ADDRESS				3.3 \$1	REET A	ADDRESS					İ
NAME	CITY-ST-ZIP											
A 3 STREET ADDRESS A 4 CITY-ST-ZIP	TITLE			☐ DELETE	4.1 11	TLE	}				Change	☐ Addition
A 4 CITY-ST-ZIP	NAME				4 2 N	AME						
DELETE 51 TITLE	STREET ADDRESS				4.3 ST	TREET /	ADDRESS					
5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	CITY-\$T-ZIP				4 4 C1	TY-ST-	ZIP					
NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS	πj≱			☐ DELETE	5 1 Ti	TLE					Change	Addition
5.4 CITY-ST-ZIP	NAME				5.2 N/	AME						
DELETE 6.1 TITLE Change Addition 6.2 NAME 6.3 STREET ADDRES 6.4 STREET ADDRESS	STREET ADDRESS				5.3 ST	REET A	ADDRESS					
TITLE GLETE 6.1 TITLE GLANGE Addition NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 STREET ADDRESS	CITY-ST-ZIP				5.4 CI	TY-ST-	ZIP		_			
STREET ADDRESS 6.3 STREET ADDRESS	TITLE	,		☐ DELETE	6.1 TI	TLE		-	<u> </u>		☐ Change	☐ Addition
STREET ADDRESS 6.3 STREET ADDRESS	NAME				6 2 N	AME	1					
0.4 0/72/ 07. 7/0					6.3 ST	TREET A	ADDRESS					
CALLESTE T	CITY-ST-ZIP				64 CI	TY-ST-	-ZIP					

14. Thereby certify that the information supplied with this filling 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 accute 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 attach nent with an address, with a lighter like empowered.