Applied For

□No

\$8.75 Additional

\_Fee Required

\$5.00 May Be

Added to Fees

X Yes

Not Applicable

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State , DIVISION OF CORPORATIONS

## DOCUMENT # F82841

1. Corporation Name

Suite, Apt. #, etc.

City & State

23

24

Zip

CRITERIA AND ASSOCIATES, INC.

UTH AIRPORT ROAD
6 FL 34104

27

28

29

Suite, Apt. #, etc.

City & State

Zip

9. Name and Address of Current Registered Agent

Country

25

Griffis,	J.M.
2080 KIN	GFISH ROAD
NAPLES	FL 34102

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

03-11-1999 90166 044 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

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

05/26/1982 4, FEI Number

59-2200453

							_	<del> </del>		
		8	4 (	City			FL	85 Zip	Code	
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 apphicable (NOTE: Registered Agent signature required when reinstating) DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS									000 111 40	
	OFFICERS AND DIRECTORS  PSD  DELETE	13.			ADDITIONS/CI	HANGES TO C	FFICERS ANI	Change		
TITLE	-	1.1 TITLE						☐ Criange		
NAME	GRIFFIS, J.M.	1.2 NAME	Ξ.						i	
STREET ADDRESS	2080 KINGFISH ROAD	1.3 STRE	ET AC	DRESS					ľ	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-	ST-Z	JP						
TITLE	VTD DELETE	2.1 TITLE						☐ Change	Addition [	
NAME	HOY, PAUL E., SR	2.2 NAME	•		•	•			- 1	
STREET ADORESS	284 FOREST HILLS BLVD.	2.3 STRE	ET AD	IDRESS					İ	
CITY-ST-ZIP	NAPLES FL	2. 4 CITY	-ST-Z	ZIP			:			
TITLE	☐ DELETE	3.1 TITLE	:					Change	☐ Addition	
NAME		3.2 NAME								
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STREET ADDRESS	1	4.3 STRE	ETAD	DRESS						
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STREET ADDRESS		5.3 STRE	ETAD	DRESS					}	
CITY-ST-ZIP		5 4 CITY-	ST-Z	jP						
TITLE	☐ DELETE	6.1 TITLE						Change	Addition	
NAME		6.2 NAME	•	ŀ						
STREET ADDRESS		6.3 STRE	ET AD	DRESS						
CITY-ST-ZIP		6.4 CITY-								
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										

Country

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83

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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 readired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

**SIGNATURE**