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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90067 019 \*\*\*150.00

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1. Corporation Name

GOLDSMITH, AGIO, HELMS & COMPANY, INCORPORATED



Principal Place of Business

1170 THIRD ST S  
C201  
NAPLES FL 33940  
US

Mailing Address

1170 THIRD ST S  
C201  
NAPLES FL 33940  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/12/1993

4. FEI Number

41-1459808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

GOLDSMITH, STEVEN M  
1170 THIRD STREET SOUTH  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

83

84 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CCO ☐ DELETE  
NAME GOLDSMITH, STEVEN M  
STREET ADDRESS 20 SEAGATE DRIVE, PENTHOUSE ONE  
CITY-ST-ZIP NAPLES FL

TITLE PCOO ☐ DELETE  
NAME HELMS, JACK P  
STREET ADDRESS 4906 LAKEVIEW DR.  
CITY-ST-ZIP EDINA MN

TITLE CFO ☒ DELETE  
NAME NOVOTNY, KENTON E.  
STREET ADDRESS 3755 PZONEER DR.  
CITY-ST-ZIP WOODBURY MN

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Chairman & CEO ☒ Change ☐ Addition  
1.2 NAME Goldsmith, Steven M.  
1.3 STREET ADDRESS 4351 Gulf Shore Blvd. Estate 5N  
1.4 CITY-ST-ZIP Naples FL 34103

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE Senior Vice President ☐ Change ☒ Addition  
3.2 NAME William R. Retterath  
3.3 STREET ADDRESS 8225 Tamarack Trail  
3.4 CITY-ST-ZIP Eden Prairie, MN 55344

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Goldsmith, Steven M.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/99

Daytime Phone #

612-339-0500

CR2E034 (11/98)