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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 21, 1999 8:00am

Secretary of State

01-21-1999 90032 012 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F94000005543

DADVED AND ACCOCIATED INC

J. FARRER AND ASSOCIATES, INC.												
Principal Place of Business Mailing Address						1	1 3601100 1110 1811 0101 00111 00	ANI ab ny bosh	19101 31111	IIIII U	J i 160 i Mil 1 60 1	
910 VANDERBILT BCH RD 910 VANDERBILT BEACH RD #325 SUITE 325						DO NOT WRITE IN THIS SPACE						
NAPLES FL 34108 NAPLES FL 34108							DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed					
}						"	10/25/1994					
Principal Place of Business 2a. Mailing Address							. FEI Number			Apr	olied For	
21 26							34-1320031			Not	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5	. Certificate of Status Desired		\$8.7	75 A	dditional	
22 27			······································			ļ.,	. Certificate of Status Desired		Fe	e Rec	quired	
City & State City & State						6.	. Election Campaign Financing				May Be	
28 Zip Zip			Country			+-	Trust Fund Contribution			ded to	Fees	
24	25		30	ili y		8.	 This corporation owes the curr Personal Property Tax. 	ent year Int	tangible Yes		₽No	
9. Name and Address of Current Registered Agent						10.	. Name and Address of New F					
S. Harris and Address of Survey (Agracion Agent					Name						-	
PARKER, JAMES A					Ot	/*	0.0 B M					
910 VANDERBILT BCH RD #325			. []	82	Street Addre	5S (F	P.O. Box Number is Not Accepta	ibie)				
NAP	PLES FL 34108	•	1	83			HOAT TROUBLE	. (1)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				84	City				85	Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,								<u> </u>	بلب		:	
office or a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was au tions of, Section 607.0505, Flori	thorized ida Statut	by ti tes.	he corporation	n's bo	oard of directors. I hereby accep	ot the appoi	intment a	is reg	istered	
12.	Signature, typed or printed name of registered age	ID DIRECTORS	13.	Agent	signature required s		reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	ND DIRE	CTO	2S IN 12	
TITLE	PT	DELETE	1.1 TITL	.E			ADDITIONS/CHANGES TO OF	IOLING AI	Char		Addition	
NAME	PARKER, JAMES A		1.2 NAM						_	•	_	
STREET ADDRESS	OLO MANDEDDINT DELON DO MOCE			1.3 STREET ADDRESS								
CITY-ST-ZIP NAPLES FL 34108			1.4 CITY-ST-ZIP									
TITLE	VS	☐ DELETE	2.1 TITL						☐ Char	nge	Addition	
NAME	PARKER, GRACE L		2.2 NAME									
STREET ADDRESS	A A MANDEDON T DE LOS MAGE			2.3 STREET ADDRESS								
CITY-ST-ZIP	NAPLES FL 34108	Commence of the second	2.4 CIT	Y-ST	- ZiP							
TITLE 15 10	cd7 tabet	☐ DELETE	3.1 TITL	.E					☐ Char	nge	Addition	
NAME	AND WALLEY AS AS AS AS		3.2 NAM	Æ								
STREET ADDRESS	125 (f. 1416)		3.3 STR	EET A	ADDRESS		Zer y				: 3: 47,143.	
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TITLE		☐ DELETE	4.1 TITL	E				ŧ .	· ' Char	nge	☐ Addition	
NAME	31		4. 2 NAM	ME								
STREET ADDRESS			4.3 STR	EETA	ADDRESS							
CITY-ST-ZIP	<u> 50</u>		4.4 CITY		ZIP							
TITLE		· DELETE	5.1 TITLE						☐ Char	nge	☐ Addition	
NAME	·		5.2 NAM		NODOCEDE		A STATE OF S					
STREET ADDRESS	,			5.3 STREET ADDRESS			· :					
CITY-ST-ZIP	THE STATE OF THE S	- Delete	5.4 CITY-8		ZIP				[7] Ok		☐ Andition	
TITLE	STANDARD ST			6.2 NAME					Char	ıge	☐ Addition	
NAME	Waters Folker	•			ADDRESS							
STREET ADDRESS	I		■ U.3 3 1 K	التنا	TOURLOO							

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 appearance with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

941-598-9*548*