

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90089 001 ***150.00

DOCUMENT # F98000000912

1. Corporation Name

AKIMEKA & COMPANY, INC.

Principal Place of Business

1221 VICTORIA STREET, SUITE 3004
HONOLULU HI 96814

Mailing Address

1221 VICTORIA STREET, SUITE 3004
HONOLULU HI 96814

2. Principal Place of Business

21 1600 Kapiolani Blvd.

Suite, Apt. #, etc.

22 Suite 628

City & State

23 Honolulu Hawaii 96814

Zip

Country

24 96814

25 US

2a. Mailing Address

26 1600 Kapiolani Blvd.

Suite, Apt. #, etc.

27 Suite 628

City & State

28 Honolulu Hawaii 96814

Zip

Country

29 96814

30 US

3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

94-3258998

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

9. Name and Address of Current Registered Agent

CADY, JAN

901 N. LAKE DESTINY DRIVE, STE. 101

MAITLAND FL 32751

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 PCS ☐ DELETE

NAME VASCONCELLOS, VAUGHN G

STREET ADDRESS 1221 VICTORIA STREET, SUITE 3004

CITY-ST-ZIP HONOLULU HI 96814

TITLE VVC ☒ DELETE

NAME HARRIS, JOHN T

STREET ADDRESS 8875 HIDDEN RIVER PARKWAY SUITE 300

CITY-ST-ZIP TAMPA FL 33950

TITLE TD ☒ DELETE

NAME GIESON, DONALD V

STREET ADDRESS 95-1521 AINAMAKUA DRIVE

CITY-ST-ZIP MILILANI HI 96789

TITLE D ☒ DELETE

NAME PETERS, DAVID M

STREET ADDRESS 1371 KINA STREET

CITY-ST-ZIP KAILUA HI 96734

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 PTSCD ☒ Change ☐ Addition

1.2 NAME VASCONCELLOS, VAUGHN G. A.

1.3 STREET ADDRESS 1221 VICTORIA ST, STE 3004

1.4 CITY-ST-ZIP HONOLULU, HI 96814

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 SOTO, MICHAEL A.

5.3 STREET ADDRESS 85-2208 ALA HEMA ST.

5.4 CITY-ST-ZIP WAIANAE, HI 96792

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/99 808.943.9545

CR2E034 (1/98)

0559755