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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # G01865**

1. Corporation GARVIN	& TRIPP, A PROFESSION	AL ASSOCIAT	TION					
Principal Place of Business Mailing Address								
2532 EAST FIRST ST. 2532 EAST FIRST ST. FORT MYERS FL 33901 FORT MYERS FL 33901						DO NOT WRITE IN THIS SP	PACE	
						3. Date Incorporated or Qualifed 10/01/1982	,	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied For	
21		26	26			59-2227645	Not Applicable	
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9		City & State		-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 Zip	Country Zip			Country				
24	25	29	30	30		reisonal rioperty tax.]Yes □No	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
FOR	E EAST FIRST ST. T MYERS FL 33901 to the provisions of Sections 607.0 egistered agent, or both, in the Starm familiar with, and accept the obli				City	poration submits this statement for the purpose of chion's board of directors. I hereby accept the appointr	85 Zip Còde langing its registered ment as registered	
SIGNATURE			MOTE D	naistared Ago	nt cionatura raquin	ed when reinstating), DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS				13.	ant signature requir	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PSD DELETE			1.1 TITLE		1. Sec. 13. 14.	☐ Change ☐ Addition	
NAME	TRIPP, THEODORE L. JR.			1.2 NAME		*		
STREET ADDRESS	2532 E FIRST ST			1.3 STREE	T ADDRESS			
	FT MYERS, FL 00000			1.4 CITY-5	ST-ZIP			
CITY-ST-ZIP TITLE	VTD DELETE			2.1 TITLE			☐ Change ☐ Addition {	
NAME	GARVIN, JEFFREY R			2.2 NAME			• 1	
STREET ADDRESS	ACAD C CIDOT OT			2.3 STREE	ET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 00000				ST-ZIP			
TITLE			DELETE	3.1 TITLE			☐ Change ☐ Addition	
NAME				3.2 NAME		•	,	
STREET ADDRESS				3.3 STREE	ET ADDRESS		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
CITY-ST-ZIP				3.4. CITY-	ST-ZIP		<u>。1953年 日本経典</u>	
TITLE			DELETE	4.1 TITLE		The state of the s	Change Addition	

6.4 CITY-ST-ZIP 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.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90023 003 ***150.00

Addition

☐ Addition

☐ Change

Change