Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90059 050 ***150.00

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 # H09683

1, Corporation Name

BLUEBILL PROPERTY MANAGEMENT AND LEASING CO.

Principal Place of Business Mailing Address									
4628 TAMIAMI TRAIL EAST 26201 HICKORY BLVD #101									
NAPLES FL 34112 BONITA SPRING FL 34134						DO NOT WRITE IN THIS SPACE			
US US						3. Date Incorporated or Qualifed			
						/26/1984			
2 Principal P	lace of Business	2a. Mailing Address				Number	—— ——	Applied For	
21 26					65-	-0607982		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.7	5 Additional	
22 27					5. Cer	rtifcate of Status Desired	Fee	e Required	
City & State City & State					6 Flee	ction Campaign Financing	- \$5.	00 May Be	
23	-	28			1	st Fund Contribution	1 1	led to Fees	
Zip	Country	Zip	Countr	у	8. This	s corporation owes the curre	ent year Intangible		
24	25	29	30		l l	sonal Property Tax.	Yes	⊈ ⊒No	
	9. Name and Address of Current		,		10. Nar	me and Address of New R	egistered Agent		
			8	1 Name)				
COR	CELLI, DONALD N		<u> </u>	<u> </u>					
9060 GULF SHORE DRIVE, #2201			8:	2 Street	treet Address (P.O. Box Number is Not Acceptable)				
NAPLES FL 34108			8:	3					
			"						
			84	4 City		1,	85	Zip Code	
47763814	the same of the same			ل_			· · · · · ·	a its appletoned	
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statute of Florida, Such change was au	s, the abou	ve-named v the con	ocorporation suc	of directors. I hereby accep	of the appointment a	is registered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statute	s.			,,	·	
SIGNATURE	\$ 5,487,475,000,000								
	Signature, typed or printed name of registered agent		~ 	ent signature	required when reinsta		DATE		
12.	OFFICERS ANI		13.		ADD	ITIONS/CHANGES TO OFF			
TITLE	VD \	Ø ØELETE	1.1 TITLE				☐ Char	nge	
NAME	CORCELLY, MARY		1.2 NAME	i					
STREET ADDRESS	, 2001 John Fr	SULF SHORE OR	1.3 STRE	ET ADDRESS	3				
CITY-ST-ZIP	NAPLES FL 34108		1.4 CITY-	ST-ZIP	<u> </u>				
TITLE	PD DELETE		2.1 TITLE	2.1 TITLE			☐ Chai	nge 🔲 Addition	
NAME	רטפרבוו טאאצוט א	'	2.2 NAME	:				ļ	
STREET ADDRESS	5601 TURILE BAY OR 2201 94	160 GOLF SHORE DA	2.3 STRE	ET ADDRESS	3				
CITY-ST-ZIP	NAPLES FL 3 940 8			ST-ZIP	-	<u> </u>			
TITLE	VP-	DELETE	3.1 TITLE	_		· · · · · · · · · · · · · · · · · · ·	Char	nge Addition	
NAME	PEDERSON, MYRON	Γ	3.2 NAME						
STREET ADDRESS	4628-TAMIAMI-TR E		li .	Et addres:	, l			\	
	NAPLES FL 34112		3.4. CITY		1	_	_		
CITY-ST-ZIP	NAPLES PL 34112	□ DELETE	4.1 TITLE		JAME	5 PERRY	Pres Chai	nge	
	- (Desc.ic	4. 2 NAM		1		SE L	· –	
NAME			1		7618 /	ANIAMI TRE	DIREC	70~	
STREET ADDRESS			4.3 STRE	e1 ADDRESS	MAPES	5 FL 34112			
CITY-ST-ZIP		□ nei eve	4.4 CITY-	ST-ZIP				inge Addition	
TITLE		☐ DELETE	5.1 TITLE				☐ Cita:	ilde . [_] vaataon	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STRE	ET ADDRESS	5				
CITY-ST-ZIP			5.4 CITY-						
TITLE		☐ DELETE	6.1 TITLE				Chai	nge 🔲 Addition	
NAME			6.2 NAME	į.				1	
STREET ADDRESS	1		6.3 STRE	ET ADDRESS	s				

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NG OFFICER OR DIRECTOR