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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H11161

(7)

J.R. PELLETIER & ASSOCIATES, INC.

INC.

FILED							
Mar	11	1998	8:00am				
Sec	cret	tary of	f State				

Principal Place of Business Mailing Address		Mailing Address		1 100161) Bidt ilibat 1980; tidia Bitat (ibt didir dien	dibit Afait Biffil Afait saat		
		1013 FIFTH AVENUE, NORTH NAPLES FL 33040	Н	DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified			
				07/05/1984			
2. Principal Pi	ace of Business	2a, Mailing Address		4. FEI Number	Applied For		
21 505/	CASTELLO DAINE	26 5051 (ASTE	NO DRIVE	59-2439551	Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23 NA	PLES, FL	28 NAPLES F	7	Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur			
24 3410	9. Name and Address of Current	29 34/03 3	collien	To contain topolity run day to the	Yes No		
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent		
PEL	<del>LETIER, JOSEPH R</del> .		81 Name	MARC B PEILETIER			
1013 5TH AVENUE NORTH				82 Street Address (P.O. Box Number is Not Acceptable)			
1020 EIGHTH AVENUE, SOUTH				5051 CASTELLO DAIVE			
NAPLES FL 33940			83	¥ 2			
			84 City		85 Zip Code		
	`		1 1 1	UAPLES, FL FL	34/03		
11. Pursuant to the provisions of Sections 607.05:02 and 607.508, 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 familial with and alcopt the obligations of Section 607.0505, Florida Statutes.							
office or registered agent, or from, in the State or Fortion Such change was authorized by the corporations board of directors. Thereby accept the appointment as registered agent. Lam familial with and accept the obligations of Section 607.0505, Florida Statules.							
SIGNATURE	In law cut			2/24/9	8		
O'C' O'C'			Registered Agent signature		DIDECTORO IN 40		
12.	di FICHES AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	Change X Addition		
TITLE	PGD	<b>☆</b> DELETE	1.1 TIFLE	P/V-P/S/1/D	□ cusside Not veneral		
NAME	PELLETIER, JOSEPH R.		1.2 NAME	MARC B. PERLETIER			
STREET ADDRESS	1 <del>019 FIFTH AVENUE N</del> O.		1.3 STREET ADDRESS	5051 CASTELLO NAIVE. 3	UITE # 5		
CITY-ST-ZIP	NAPLES FL	NA ALEXA	1.4 CITY-ST-ZIP	5051 CASTELLO DRIVE. S NAPIES, FL 34103	Change Addition		
TITLE	VID-	A) DELETE	2.1 TITLE	•	CHANGE CO MOUNTAIN		
NAME	PELLETIER, MAGDALINE		2.2 NAME				
STREET ADDRESS	1 <del>018 FIFTH AVENUE NO</del> .		2.3 STREET ADDRESS				
CITY-ST-ZIP	NA <del>PLES F</del> L		2.4 CITY-ST-ZIP		Change Addition		
TITLE		☐ DELETE	3.1 TITLE		L_ Change L_ Addition		

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 angular 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 control on or the receiver or trusted 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 attactment with a large of the control of the control of the receiver of the receiver of the control of the receiver of the receiver of the receiver of the control of the receiver of the receiver of the receiver of the control of the receiver of the r

3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

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DELETE

DELETE

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3.3 STREET ADDRESS

3 4. CITY - ST - ZIP

4.4 CiTY-ST-ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

TITLE

NAME

TITLE

TITLE

NAME STREET ADDRESS

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STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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Mayoll

3/20/98 (941) 263-0646

Change

Change

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Addition

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