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FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90039 001 ***158.75

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H20249

1. Corporation Name

FRESCO GROUP, INC.

Principal Place of Business

6260 ARC WAY
FT. MYERS FL 33912

Mailing Address

6260 ARC WAY
FT. MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1984

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

4. FEI Number

59-2444763

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

**BIERY, P. FRED
3537 KNOLLWOOD RD.
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

LYNN B. MYERS

82 Street Address (P.O. Box Number is Not Acceptable)

7129 S. BRENTWOOD RD.

83

84 City

FT. MYERS

FL

85

Zip Code
33919

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARCH 5, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BIERY, P. FRED	
STREET ADDRESS	3537 KNOLLWOOD RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BIERY, KAYE K.	
STREET ADDRESS	3537 KNOLLWOOD RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MYERS, SCOTT D.	
STREET ADDRESS	7129 SO. BRENTWOOD RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MYERS, LYNN B.	
STREET ADDRESS	7129 SO. BRENTWOOD RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BIERY, P. FRED	
1.3 STREET ADDRESS	3537 KNOLLWOOD RD	
1.4 CITY-ST-ZIP	FT. MYERS, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MYERS, SCOTT D.	
3.3 STREET ADDRESS	7129 SO. BRENTWOOD RD.	
3.4 CITY-ST-ZIP	FT. MYERS, FL	
4.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MYERS, LYNN B.	
4.3 STREET ADDRESS	7129 SO. BRENTWOOD RD.	
4.4 CITY-ST-ZIP	FT. MYERS, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 5, 1999 (941) 936-3055

Date

Daytime Phone #

CR2E034 (11/98)