## 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 # H34971

FITE, INCORPORATED

Principal Place of Business

Mailing Address

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90263 040 \*\*\*150.00



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14030 MOSSY ( MYAKKA CITY I							
MIND NAMES	i E VIEUI	MINION OUT IL MEN			DO NOT WRITE	IN THIS SPACE	
•					3. Date incorporated or Qualifed		
	- 1 1				12/19/1984		ľ
2. Principal	Page albinass A/K/A	2a. Mailing Address			4. FEI Number		Applied For
					59-2477633	.	Not Applicable
21						\$8.7	5 Additional
22 1055 S. Tamiami Tr. #112 27					5. Certifcate of Status Desired		Required
City & State City & State					6. Election Campaign Financing	\$5.0	00 May Be
23 Sarasota FL. 28					Trust Fund Contribution		ed to Fees
Zip Country Zip Cou			Country	•	8. This corporation owes the current	vear Intangible	
24 34a	54236 25 29 30				Personal Property Tax.	☐Yes	<b>⊡</b> No
24 0 10	9. Name and Address of Currer				10. Name and Address of New Reg	istered Agent	
			81	Name			
ROBERTSON, WILLIAM E., JR.						<del></del>	
720 S. ORANGE AVENUE				Street Add	Iress (P.O. Box Number is Not Acceptable	")	
A.D. 6001 51 A.A.A.			83				
			84	City	***	<b></b> 85 2	ip Code
1.3%, H1 2.						FL ] [	
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was autho	rized by	the corporati	poration submits this statement for the pu ion's board of directors. I hereby accept the	ne appointment as	registered
SIGNATURE						DATE	
		ND DIRECTORS	13.	t signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFICE		TORS IN 12
12.	DPS OFFICERS AN	<del></del>	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Chan	
TITLE	1	_ becele	1.2 NAME			<b>—</b>	<b>_</b>
NAME	ROBERTSON, JOHN FITE,III						
	S 14030 MOSSY OAK LANE		1.3 STREET				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		[] Chan	ge Addition
TITLE		_	2.1 TITLE			Chan	ae 🗆 veginou
NAME	110021110011, 001111 1 112,111		2.2 NAME				
STREET ADDRESS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MYAKKA CITY FL 34251		2.4 CITY-S	T-ZIP			
TITLE	1	☐ DELETE	3.1 TITLE			Chan	ge Addition
NAME		<u> </u>	3.2 NAME				
STREET ADDRESS	s · · · ·	•	3.3 STREET	ADDRESS	يواليوا يوالها أأدان يوياستوني منفول	*	
CITY-ST-ZIP			3.4. CITY- S	T-ZIP			
TITLE		☐ DELETE	4.1 TITUE			Chan	ge Addition
NAME			4. 2 NAME				
STREET ADDRESS	s		4.3 STREET	TADORESS			
CITY-ST-ZIP	<u> </u>		4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE			Chan	ge Addition
NAME	ļ	į.	5.2 NAME				
STREET ADDRESS	s		5.3 STREET	FAODRESS		1	
CITY-ST-ZIP		<b>—</b>					
TITLE			5.4 CITY-S	T-ZIP		<u> </u>	
			5.4 CITY-S' 6.1 TITLE	T-ZIP		Chan	ge Addition
		☐ DELETE		T-ZIP		Chan	ge Addition
NAME STREET ADDRESS	·	☐ DELETE	6.1 TITLE 6.2 NAME	T-ZIP		Chan	ge 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 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

SIGNATURE:

CITY-ST-ZIP