

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90038 036 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # J46435**

1. Corporation Name

**THE ETUTS MANAGEMENT GROUP, INC.**

Principal Place of Business

6010 FOREST BLVD  
FT MYERS FL 33908

Mailing Address

6010 FOREST BLVD  
FT MYERS FL 33908

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/10/1986**

4. FEI Number

**59-2767643**

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

2. Principal Place of Business

21 **5874 BRIARCLIFF Rd**

2a. Mailing Address

26 **5874 BRIARCLIFF Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **FT MYERS Lee FL**

City & State

28 **FT MYERS FL**

Zip

24 **33912**

Country

25 **Lee**

Zip

29 **33912**

Country

30 **LEE**

9. Name and Address of Current Registered Agent

**ARMSTRONG, KENNETH F.**  
**6010 FOREST BLVD**  
**FT MYERS FL 33908**

10. Name and Address of New Registered Agent

81 Name

**Armstrong Kenneth F**

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

**5874 BRIARCLIFF Rd**

83

84 City

**FT MYERS**

FL

85 Zip Code

**33912**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST ARMSTRONG, KENNETH F.**

STREET ADDRESS **6010 FOREST BLVD**

CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME **V ARMSTRONG, RICK A.**

STREET ADDRESS **6010 FOREST BLVD**

CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ 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.

SIGNATURE **Kenneth F. Armstrong** **Kenneth F. Armstrong Pres. 1/2/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**941 433-0111**

Daytime Phone #

CR2E034 (1/1/98)