## 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 # J77873**

COLLINS	& DUPONT INTERIORS, I	INC.					:					
Principal Place	of Business	Mailing A	ddress			• • • • • • • • • • • • • • • • • • • •					III WIWIS WIWSI WI	9 1    J       14
8911 BRIGHTON LANE BONITA SPRINGS FL 34134 US  8911 BRIGHTON LANE BONITA SPRINGS FL 34134 US			14				DO	NOT WRITE	IN THIS	SPACE		
								<ol> <li>Date Incorporated or 06/16/1987</li> </ol>	Qualifed			
2. Principal Pi	ace of Business	2a. Mailir	ig Address			<del></del> _		4. FEI Nümber			-App	ned For
21		26						<u>59-2837814</u>				Applicable
Suite, Apt.	#, etc.	Suite 27	Suite, Apt. #, etc.					5. Certifcate of Status I	ifcate of Status Desired			
City & State		City	City & State					6. Election Campaign F	inancing [		\$5.00	
23		28						Trust Fund Contribut	ion		Added to	Fees
Zip	Country	Zip			Country			8. This corporation owe		year Inta		□No
24	25	29		30				Personal Property Ta 10. Name and Address		ictored (		
****	9. Name and Address of Curre	nt Registered	Agent		81	Name		10. Name and Address	OI HEW IVER	jistered F	gent	
CLAF	rke, richard 8.		•		82			ss (P.O. Box Number is N	ot Accentable			
8911 BRIGHTON LANE BONITA SPRINGS FL 34134							SS (F.O. BOX Number is in	ot Acceptable	- <i>,</i>		, eus	
BUN	IIA SPRINGS PL 34134				83							
					84	City				FL	85 Zip C	ode
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.150 e of Florida. Suc ations of, Section	08, Florida Statu ch change was a on 607.0505, Flo	tes, the authoriz orida S	e above zed by statutes.	e-named the corp	l corpoi oration	ration submits this stateme 's board of directors. I he	ent for the pureby accept t	rpose of o	changing its r tment as reg	egistered istered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applica	ble. (NOTE			t signature	required v	when reinstating)		DATE		
12.		ND DIRECTOR		_	13.		1	ADDITIONS/CHANGI	S TO OFFIC	ERS AN		RS IN 12
TITLE	PS		☐ DELETE		.1 TITLE						Change	[_] Addition
NAME	DUPONT, SHERRON	05			.2 NAME							
STREET ADDRESS	12322 MC GREGOR WOODS	CH				ADDRESS	:					
CITY-ST-ZIP	FT. MYERS FL		DELETE	_	4 CITY-ST	-ZiP					Change	Addition
TITLE	VT		DELETE		.1 TITLE					<u> </u>	□ Cisalige	☐ Addition
NAME	COLLINS, KIM		,		2 NAME							
STREET ADDRESS	15176 BAHIA COURT					ADDRESS	'l					
CITY-ST-ZIP	FT. MYERS FL		DELETE	-	.4 CITY-S .1 TITLE	1-4IP					Change	Addition
TITLE	COO Clarke, Richard B				.2 NAME							_
NAME	1426 OLMEDA WAY					ADDRESS						
STREET ADDRESS	FT MYERS FL 33901				.4. CITY-S		'					•
CITY-ST-ZIP TITLE	FT MIERS FL 33901		☐ DELETE		.1 TITLE	1+21					Change	Addition
NAME				4.	. 2 NAME							
STREET ADDRESS				ŀ		ADDRESS	,					
CITY-ST-ZIP					.4 CITY-ST							
TITLE			☐ DELETE	_	.1 TITLE						Change	☐ Addition
NAME				5.	2 NAME							
	CORPORATE OF THE			5.	.3 STREET	ADDRESS	<b>;</b>					
CITY-ST-ZIP	(基12.119kg) (2.1)			5.	4 CITY-S	T-ZIP	<u> </u>					
TITLE 💥	then a white a		DELETE	6.	.1 TITLE						☐ Change	☐ Addition
NAME				6.	2 NAME		1					
STREET ADDRESS				6.	3 STREET	ADDRESS	3					

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 chapted or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

2.2.9 9

Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90082 006 \*\*\*150.00