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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # K05349

1. Corporation Name
BEAN, WHITAKER, LUTZ & BARNES, INC.

Principal Place of Business	Mailing Address
13141-8 MCGREGOR BLVD. FORT MYERS FL 33919	13141-8 MCGREGOR BLVD. FORT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1987

2. Principal Place of Business	2a. Mailing Address
21 13041 McGregor Blvd.	26 13041 McGregor Blvd.
Suite, Apt. #, etc. 22 Suite 1	Suite, Apt. #, etc. 27 Suite 1
City & State 23 Ft. Myers, FL	City & State 28 Ft. Myers, FL
Zip / Country 24 33919-5910 25 USA	Zip / Country 29 33919-5910 30 USA

4. FEI Number: 65-0021173 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

BEAN, WILLIAM E.
1341-8 MCGREGOR BLVD.
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: Bean, William E.
82 Street Address (P.O. Box Number is Not Acceptable): 13041 McGregor Blvd.
83 Suite 1
84 City: Fort Myers FL 85 Zip Code: 33919-5910

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BEAN, WILLIAM E.		1.2 NAME	
STREET ADDRESS	13141-8 MCGREGOR BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WHITAKER, SCOTT C		2.2 NAME	
STREET ADDRESS	13141-8 MCGREGOR BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LUTZ, JOSEPH L.		3.2 NAME	
STREET ADDRESS	13141-8 MCGREGOR BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FORAN, H. F		4.2 NAME	
STREET ADDRESS	13141-8 MCGREGOR BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: W Pres 2-26-99 941-481-1331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #