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

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90092 031 ***150.00

DOCU	MENT # K14220)			•		
i. Corporatio	III (VOI) IC	-					
GAIL AN	ID WALTER, INC.						4444
Principal Plac	e of Business	Mailing Address				i Bolf Didii Didii Bibii Di	III BHAN BIDIR IADI
1381 13TH AVE N. 1381 13TH AVE N.							
NAPLES FL 34102 NAPLES FL 34102					,		
US US						E IN THIS SPACE	
					3. Date Incorporated or Qualifed		
Principal Place of Business 2a. Mailing Address					02/09/1988 4. FEI Number		
2. Principal P	Principal Place of Business 2a. Mailing Address 26				65-0031254	⊢	Applied For Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				05'003 1234	\$8.7	5 Additional
22	27				5. Certifcate of Status Desired		Required
011 0 01	te	City_& State				\$5:0	O-May Be
23 City & Star	28				Trust Fund Contribution		ed to Fees
Zip	Country Zip C			у	8. This corporation owes the curre	· <u>-</u>	
24	25	29	30		Personal Property Tax.	☐Yes	□No
ļ	9. Name and Address of Curre	nt Registered Agent	8	1 Name	10. Name and Address of New Re	egistered Agent	
DEL	OACH, GUION T.		Ľ	Name			·
2335 N. TAMIAMI TRAIL				2 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
SUITE 310				3			
NAPLES FL 33940							
			84	4 City	-	FL 85 Zi	ip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the abov	/e-named corp	poration submits this statement for the p	urpose of changing	its registered
office or i	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was a stions of Section 607 0505. Flo	uthorized by	y the corporati	on's board of directors. I hereby accept	the appointment as	registered
SIGNATURE	and decept the conge	11013 01, 0001011 001.0303, 110	inda Otzidio	o.			
				ent signature require	ed when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
TITLE	D WALTED	☐ DELETE	1.1 TITLE			Chang	e 🗀 Addition
NAME	WOOD, WALTER 1381 13TH AVE N.		1.2 NAME				
STREET ADDRESS	NAPLES FL			ET ADDRESS			
CITY-ST-ZIP TITLE	D DELETE		1,4 CITY-:	51-ZIP		Chang	e [] Addition
NAME	WOOD, GAIL		2.2 NAME				
STREET ADDRESS	1381 13TH AVE N.			ET ADDRESS			
CITY-ST-ZIP	NAPLES FL		2. 4 CITY-				
TITLE	DELETE		3.1 TITLE			☐ Chang	e Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			İ
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Chang	e
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS		•	
CITY-ST-ZIP		□ nevere	4.4 CITY-1	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			☐ Chang	e . Addition
NAME STREET ADODESS				T ADDRESS			1
STREET ADDRESS			5.4 CITY-S				
CITY+ST-ZIP TITLE		☐ DELETE	6.1 TITLE	21 Mr.		☐ Chang	e 🔲 Addition
NAME		_ =====	6.2 NAME			_ Sitting	
STREET ADDRESS				TADORESS			
OTTLET ADDRESS			SACITY S	Į.	•		.

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.

941-774 4898