Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90235 001 ***150.00

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 # K42425

1. Corporation	CTION MAN, INC.					
INE AU	OTION MAN, INC.			LANDINGS ON GIRLS HALL BERGE HARL BY AND CONTRACTOR	in Brein Arber Chain Alber Chair is an	
Principal Place	of Business	Mailing Address		I sharashi an arana man alam sheas ann aban	j didiji digit dibil dibit bidit 1981	
629 ASTARIAS		PO BOX 87				
FT MYERS FL		FT MEYERS FL 33902		DO NOT WEITE IN TH	IO ODACE	
US US				DO NOT WRITE IN THIS SPACE		
	•			3. Date Incorporated or Qualifed 11/01/1988		
2 Daineinel Di	leas of Dissipana	2a. Mailing Address		4. FEI Number	Applied For	
— ·	lace of Business	— ·		65-0146939	Not Applicable	
Suite, Apt.	# etc	Suite, Apt. #, etc.			\$8.75 Additional	
22	<i>"</i> 1 000.	27		5. Certificate of Status Desired	Fee Required	
City & State	e :	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the current year		
24	25		0	Personal Property Tax.	Yes No	
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registere	d Agent	
CHII	DLICK, JON LARSEN		81 Name	·		
629 ASTARIAS CIRCLE			82 Street Addr	82 Street Address (P.O. Box Number is Not Acceptable)		
FT MYERS FL 33919			00			
FI WIERS FL 33919			83			
			84 City	F	85 Zip Code	
44 5	A. A	00 CO7 1509 Elecide Statutes	the charte parred core			
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.						
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florid	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DATE		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	PST	☐ DELETE	1.1 TITLE		Change Addition	
NAME	SHUDLICK, JON LARSEN		1.2 NAME			
STREET ADDRESS	629 ASTARIAS CIRCLE	•	1.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL		1.4 CiTY-ST-ZiP			
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	SHUDLICK, JON LARSEN		2.2 NAME			
STREET ADDRESS		•	2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL		2. 4 CITY-ST-ZIP		Change :	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	4.1 TITLE			
NAME			4. 2 NAME 4.3 STREET ADDRESS			
STREET ADORESS						
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS	,		5.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP			5.4 CITY+ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CER OR DIRECTOR