PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K53276

TERRY V. BROUGHTON, P.A.

FILED
Mar 10, 1999 8:00 am
Secretary of State
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Principal Place of Business Mailing Address						- I (BBIBIL) BE: Bride ittib mett ibbie altr erett eiett eiett erett erett erett erett erett			
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FT MYERS FL 3		FT MYERS FL 33907				DO NOT WRITE IN THIS SPACE			
US	••••	US			1	3. Date Incorporated or Qualifed 12/22/1988			
2 Demain at D	lace of Business	2a. Mailing Address			4. FEI Number		11	Applied For	
	lace of business	├ ┐ -			65-0090213		 	Not Applicable	
21		Suite Apt # etc			00 00502 10	<u> </u>	\$9.7	5 Additional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of St	atus Desired 🔲	¥	Required	
22			27						
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
23		28						ed to rees	
Zip	Country		Zip Country			n owes the current yea			
24	25					Personal Property Tax.			
	9. Name and Address of Current	Registered Agent		val vi		dress of New Registe	erea Agent		
			*	31 Nami)				
	UGHTON, TERRY V		82 Street Add			dress (P.O. Box Number is Not Acceptable)			
	5-D2 COLONIAL BLVD.		July Street Add						
FT M	IYERS FL 33907		8	33					
			Ε	34 City		,	FL 85 Z	ip Code	
	to the provisions of Sections 607.0502	-1 COT 4500 Florido Cartato	45	1/0 nome	d compretion submits this st			its registered	
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of m familiar with, and accept the obligations.	of Florida. Such change was auth	onzed i	by the cor	poration's board of directors	. I hereby accept the a	appointment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE; Re	egistered A	gent signatur	required when reinstating)	DA			
12.	OFFICERS ANI		13.		ADDITIONS/CH	ANGES TO OFFICER	S AND DIREC	TORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITU				Chan	ge	
NAME	BROUGHTON, TERRY V.		1.2 NAM	E				ļ	
				EET ADDRES					
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NAME			2.2 NAM						
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STREET ADDRESS		,	6.3 STR	EET ADDRES	S]	
CITY-ST-ZIP			6.4 CITY	-ST-ZIP			_		

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

SIGNATURE: