

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90041 002 ***158.75

DOCUMENT # L23920

1. Corporation Name
ELKCAM PROPERTIES, INC.

Principal Place of Business
C/O RONALD S. WEBSTER
993 NORTH COLLIER BLVD., ROYAL PALM MALL
MARCO ISLAND FL 33937

Mailing Address
C/O GLYNN
PO BOX 182
LUDLOW VT 05149
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/17/1989

4. FEI Number
65-0165625

Applied For
Not Applicable

5. Certificate 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

WANDA REEVES % ACCOUNTING BY REEVES
501 GOODLETTE ROAD
SUITE B-204
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name BRIAN R GLYNN
82 Street Address (P.O. Box Number is Not Acceptable)
1689 VILLA CT
83 MARCO ISLAND
84 City MARCO ISLAND, FL 85 Zip Code 34145

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

Brian R Glynn
Signature, typed or printed name of registered agent and title if applicable.

Brian R Glynn Pres.
(NOTE: Registered Agent signature required when reinstating)

2-15-99
DATE

12. OFFICERS AND DIRECTORS

TITLE	S	DELETE
NAME	BARRIERA, KELLY	
STREET ADDRESS	471 BABBS ROAD	
CITY-ST-ZIP	WEST SUFFIELD CT	
TITLE	VP	DELETE
NAME	INGEGNER, KATHY	
STREET ADDRESS	471 BABBS RD	
CITY-ST-ZIP	WEST SUFFIELD CT	
TITLE	VP	DELETE
NAME	GLYNN, BRIAN R	
STREET ADDRESS	GODFREY RD	
CITY-ST-ZIP	LUDLOW VT 05149	
TITLE	VP	DELETE
NAME	GLYNN, KERRI E	
STREET ADDRESS	471 BABB'S RD	
CITY-ST-ZIP	W. SUFFIELD CT	
TITLE	T	DELETE
NAME	GLYNN, BRIAN R JR	
STREET ADDRESS	471 BABB'S RD	
CITY-ST-ZIP	W. SUFFIELD CT	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Brian R Glynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-99
Date

393 0174
Daytime Phone #

CR2E034 (11/98)