COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

SOUTHWEST COAST LAND COMPANY, INC.

ncip	al Place	of Busines	5
831	LAGUNA	DRIVE	

FILED Sep 08, 1999 8:00 am Secretary of State

09-08-1999 90008 004 ***550.00



ipal Place of Business	Mailing Address			
1 LAGUNA DRIVE MYERS FL 33908	14831 LAGUNA DRIVE FT.MYERS FL 33908 US		DO NOT WRITE IN THIS SPACE	
	•		Date Incorporated or Qualified 10/20/1989	
rincipal Place of Business	2a. Mailing Address		4. FEI Number Applied F	-ог
	26		65-0284640 Not Appli	icable
uite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
ity & State	City & State		6. Election Campaign Financing Trust Fund Contribution Added to Fees	
p Country	Zip Cou	ntry	This corporation owes the current year Intangible Personal Property. Yes No	
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent	
FASIG, DONALD L. 14831 LAGUNA DRIVE	,	81 Name 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	1		<u> </u>	
FT.MYERS FL 33908		83		
	•	84 City	FL 85 Zip Code	
Pursuant to the provisions of sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations.	of Florida. Such change was authorized	l by the corporatio	ation submits this statement for the purpose of changing its registere on's board of directors. I hereby accept the appointment as registere	d d

NATURE				
	Signature, typed or printed name of registered agent and title if		TE: Registered Agent signature red	·····
	OFFICERS AND DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
:	[PD	DELETE	1.1 TITLE	Change Addition
<u> </u>	GOEBEL, EDWARD L., JR.		1.2 NAME	
ET ADDRESS	120 E MARKET ST STE 710		1.3 STREET ADDRESS	
ST-ZIP	INDIANAPOLIS IN		1.4 CITY-ST-ZIP	`
:	SD	DELETE	2.1 TITLE	Change Addition
Ē	RIZZO-GAVIN, ELIZABETH		2.2 NAME	
ET ADDRES\$	14831 LAGUNA DRIVE		2.3 STREET ADDRESS	the state of the s
ST-ZIP	FT. MYERS FL		2.4 GITY-ST-ZIP	
:	VD	DELETE	3.1 TITLE	Change Addition
:	FASIG, DONALD L.		3.2 NAME	_ •
ET ADDRESS	14831 LAGUNA DRIVE		3.3 STREET ADDRESS	
ST-ZIP	FT. MYER\$ FL		3.4 CITY-ST-ZIP	
		DELETE	4.1 TITLE	Change Addition
:	}		4.2 NAME	
ET ADDRESS			4.3 STREET ADDRESS	
ST-ZIP			4.4 CITY-ST-ZIP	
		DELETE	5.1 TITLE	Change Addition
			5.2 NAME	
ET ADDRESS			5.3 STREET ADDRESS	
ST-ZIP			5.4 CITY-ST-ZIP	
1	The state of the s	DELETE	6.1 TITLE	Change Addition
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		6.2 NAME	
			6.3 STREET ADDRESS	
2T 7ID			EACITY ST 7ID	

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 ndicated 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears n Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE: