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Jun 25, 1999 8:00 am
Secretary of State

06-25-1999 90012 001 ***558.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38170

1. Corporation Name
GROUP IV OF FORT MYERS, INC.



Principal Place of Business
C/O TIMOTHY J. MURTY
1633 PERIWINKLE WAY STE A
SANIBEL FL 33957
US

Mailing Address
C/O TIMOTHY J. MURTY
1633 PERIWINKLE WAY STE A
SANIBEL FL 33957
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1989

4. FEI Number

65-0189015

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 C/O Rodney Jobe

22 2341 Palm Ridge Rd.

23 Sanibel FL

24 33957 25 US

2a. Mailing Address

26 C/O Rodney Jobe

27 2341 Palm Ridge Rd

28 Sanibel FL

29 33957 30 US

9. Name and Address of Current Registered Agent

MURTY, TIMOTHY J ESQ
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

10. Name and Address of New Registered Agent

81 Name Rodney Jobe

82 Street Address (P.O. Box Number is Not Acceptable)

2341 Palm Ridge Rd

83

84 City Sanibel

FL

85 Zip Code 33957

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Rodney Jobe

6/23/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME JOBE, RODNEY J
STREET ADDRESS 2340 PERIWINKLE WAY STE J2
CITY-ST-ZIP SANIBEL FL

TITLE D
NAME LEAR, JOSEPH M
STREET ADDRESS 1251 ANHINGA LANE
CITY-ST-ZIP SANIBEL FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/23/99

941-472-314