

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Jan 29, 1999 8:00am  
Secretary of State

01-29-1999 90001 009 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # L44072

1. Corporation Name

M & SONS ENTERPRISES, INC.

Principal Place of Business

15280 SAM SNEAD LN  
FT MYERS FL 33917  
US

Mailing Address

15280 SAM SNEAD LN  
FT MYERS FL 33917  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified:

01/22/1990

4. FEI Number

65-0198386

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

PARAMEDICAL, SW F  
15280 SAM SNEAD LN  
FT MYERS FL 33917

81. Name

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

83.

84. City

FL 85. Zip Code

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.

1-10-99

DATE

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPTD  
MISH, TONI  
15280 SAM SNEAD LANE  
FT. MYERS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
SLUSAR, GERALD  
15280 SAM SNEAD LANE  
FT MYERS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PARAMEDICAL, SW F  
15280 SAM SNEAD LANE  
FT MYERS FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PARAMEDICAL, SW F  
15280 SAM SNEAD LANE  
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☐ DELETE

TITLE

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PARAMEDICAL, SW F  
15280 SAM SNEAD LANE  
FT MYERS FL

☐ DELETE

13.

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE OF REGISTERED AGENT  
Toni Mish

Date

1/10/99

Daytime Phone #

941-731-1212

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 of 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.