## 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

## **DOCUMENT # M76343**

PICKETT COVE, INC.

Dringing I Diago of Designation

## **FILED** Jan 22, 1999 8:00am Secretary of State 01-22-1999 90047 013 \*\*\*150.00



Finicipal Flat	e or ausiness	Maining Address					
801 N. MAGNOLIA AVENUE SUITE #201 P.O. BOX 2967		P.O. BOX 2967	· · · · · · · · · · · · · · · · · · ·		DO NOT WED	TE IN THIS SPACE	
ORLANDO FL 32803 ORLANDO FL 32803					3. Date Incorporated or Qualifed	- IN THIS SPACE	
					•		ł
	···				04/13/1988		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	_	Applied For
21 26					59-2883109		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	1 1	5 Additional
		27			G. Solmodo of Standa Doores	Fee	Required
City & State		City & State	City & State		6. Election Campaign Financing	□ \$5.	00 May Be
23 28				Trust Fund Contribution	Ado	ed to Fees	
Zip	Country Zip Cou		Country		8. This corporation owes the curre	ent year Intangible	
24	25	29 30	30		Personal Property Tax.	☐Yes	□No
	9. Name and Address of Curre	nt Registered Agent	<u> </u>		10. Name and Address of New R	egistered Agent	
			81	Name			
arnold, William W.							
801 N. MAGNOLIA AVENUE SUITE #201			82	Street Ac	dress (P.O. Box Number is Not Accepta	ble)	
	ANDO FL 32802		83			<del></del>	
0,12	2 W 10 0 1 E 0E00E		63		**		
			84	City		FL 85	Zip Code
44. D	4.0-4	007.4500 F2.44-04-4	45		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ikai-kaad
office or r	registered agent, or both, in the State rm familiar with, and accept the obligation	of Florida. Such change was auth- itions of, Section 607.0505, Florida	orized by Statutes	the corpora	rporation submits this statement for the patients board of directors. I hereby accept	t the appointment a	registered s registered
SIGNATURE	Signature, typed or printed name of registered age	at and title if popliaghle (NOTE: De	nintnead Ages	alanatura coa	lifed when reinstating)	DATE	
12.		ID DIRECTORS	13.	Signature requ	ADDITIONS/CHANGES TO OFF		TOPS IN 12
TITLE	DP OFFICERS AF	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFF	CERS AND DIREC	
	<del>-</del>	C Decere					ge
NAME	ARNOLD, WILLIAM W.		1.2 NAME				)
STREET ADDRESS	801 NORTH MAGNOLIA AVE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	ORLANDO FL	<u>-</u>	1.4 CITY-ST	-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Char	ge 🔲 Addition
NAME	CARRIGAN, R. E. JR.		2.2 NAME				
STREET ADDRESS	18350 E COLONIAL DR		2.3 STREET	ADDRESS			[
CITY-ST-ZIP	ORLANDO FL 32820	ar.	2. 4 CITY-S				
TITLE	SD	[ ] DELETE	3.1 TITLE	1-21	·	Char	ge Addition
NAME	CARRIGAN, SHERRI		3.2 NAME				
1. 1		<i>,</i> .					}
STREET ADDRESS	18580 E. COLONIAL DR.		3.3 STREET				
CITY-ST-ZIP	ORLANDO FL	P-1		r-zip			
TITLE	AS	☐ DELETE	4.1 TITLE	]	•	☐ Chan	ge
NAME	EAGAN, WILLIAM L.		4. 2 NAME				
STREET ADDRESS	801 NORTH MAGNOLIA AVE	i	4.3 STREET	ADDRES\$			
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Chan	ge Addition
NAME			5.2 NAME		,		
STREET ADDRESS			5.3 STREET	ADDRESS			
	£3;		5.4 CITY- ST	ì			
CITY-ST-ZIP	to the same of the	☐ DELETE	6.1 TITLE	-411			ge
TITLE		C) DELETE				Chan	ae T Moninou
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			

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.