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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # M99268

1. Corporation Name

0011 W	BOTT, INC.				
Principal Place	of Pucipace	Mailing Address		- I (BBCBD)) tio iono fond india ond: fon oid	II BIBII DIBII DIBII BIBII DIDII IDH
		6269 MIDNIGHT PASS RD.			
31800 PROGRES		SARASOTA FL 34242			
US		US		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed	
				09/16/1988	
2. Principal Pl	lace of Business	2a. Mailing Address	$\mathcal{D}_{\lambda}$	4. FEI Number	Applied For
21		26 3/800 Froq	ress Rd.	59-2905065	Not Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		27			
City & State	е	City & State	E/	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23		28 Lees Durg,	Country	Trust Fund Contribution	
Zip	Country	29 Zip 34748 3		<ol><li>This corporation owes the current year Personal Property Tax.</li></ol>	∏Yes □No
24	25	[23] 7 0 0	LAKE	10. Name and Address of New Registere	
	9. Name and Address of Current	r Registered Agent	81 Name	To. Hamo and processes of their registration	
BOT	T, CHERYL A				
	I ROYAL OAK BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
LEESBURG FL 34748			83		
			84 City	F	85 Zip Code
11 Durevant i	to the provisions of Sections 607 0500	2 and 607 1508. Florida Statutes.	the above-named corp	poration submits this statement for the purpose	of changing its registered
office or re	egistered agent, or both, in the State of m familiar with and accept the obligat	of Florida. Such change was auti	iorized by the corporati	on's board of directors. I hereby accept the app	Jointinent as registered
agent. I ar	m tamiliar with, and accept the obligat	liope pr. Section 607.0505, riona	a Statutes.	<i>*/</i> * .	~ ~
=		/イ <b>ュ</b> アー		4-12-	99
SIGNATURE	Signature, typed or printed name of registered agen	soit	egistered Agent signature require	4-13- ad when reinstating) DATE	99
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	soit		d when reinstating)  ADDITIONS/CHANGES TO OFFICERS	
		t and title if applicable. (NOTE: Re	egistered Agent signature require		
12.	OFFICERS AN	t and title if applicable. (NOTE: Re	egistered Agent signature require		AND DIRECTORS IN 12
12. TITLE NAME	V BOTT, CHERYH	t and title if applicable. (NOTE: Re	13. 1.1 TITLE		AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS	V BOTT, CHERYH 1021 ROYAL OAK BLVD.	t and title if applicable. (NOTE: Re	agistered Agent signature require 13. 1.1 TITLE 1.2 NAME		AND DIRECTORS IN 12
12. TITLE NAME	V BOTT, CHERYH	t and title if applicable. (NOTE: Re	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTT, CHERYH 1021 ROYAL OAK BLVD.	To CA et and title if applicable. (NOTE: Re D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		AND DIRECTORS IN 12  Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V BOTT, CHERYH 1021 ROYAL OAK BLVD.	To CA et and title if applicable. (NOTE: Re D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		AND DIRECTORS IN 12  Change Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOTT, CHERYH 1021 ROYAL OAK BLVD.	t and title if applicable. (NOTE: Re D DIRECTORS 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		AND DIRECTORS IN 12  Change Addition  Change Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	V BOTT, CHERYH 1021 ROYAL OAK BLVD.	t and title if applicable. (NOTE: Re D DIRECTORS 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		AND DIRECTORS IN 12  Change Addition  Change Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	V BOTT, CHERYH 1021 ROYAL OAK BLVD.	t and title if applicable. (NOTE: Re D DIRECTORS 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		AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  NAME  NAME	V BOTT, CHERYH 1021 ROYAL OAK BLVD.	at and title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE 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		AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
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12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	V BOTT, CHERYH 1021 ROYAL OAK BLVD.	Tand title if applicable. (NOTE: Re D DIRECTORS DELETE DELETE 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		AND DIRECTORS IN 12  Change Addition  Change Addition  Change Addition  Change Addition
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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 an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP