

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 # P30432

1. Corporation Name

E. DUANE ACKERMAN, INC.

Principal Place of Business

~~379 SANTA FE TRAIL, CARRIAGE VILLAGE  
NORTH FT. MYERS FL 33917~~

Mailing Address

~~379 SANTA FE TRAIL, CARRIAGE VILLAGE  
NORTH FT. MYERS FL 33917~~

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90047 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1990

4. FEI Number

22-2577228

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

ACKERMAN, E. DUANE

~~379 SANTA FE TRAIL, CARRIAGE VILLAGE  
NORTH FT. MYERS FL 33917~~

81 Name

Ackerman, E. Duane

82 Street Address (P.O. Box Numbers Not Acceptable)

3350 North Key Drive  
Suite 111B

83

84

North Fort Myers

FL

85 Zip Code  
33903-4865

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

NA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ACKERMAN, E. DUANE

STREET ADDRESS ~~379 SANTA FE TRAIL~~

CITY-ST-ZIP ~~N. FT. MYERS FL~~

TITLE STD ☐ DELETE

NAME ACKERMAN, PAULINE B.

STREET ADDRESS ~~379 SANTA FE TRAIL~~

CITY-ST-ZIP ~~N. FT. MYERS FL~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3350 North Key Drive Suite 111B

1.4 CITY-ST-ZIP North Fort Myers FL 33903-4865

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3350 North Key Drive Suite 111B

2.4 CITY-ST-ZIP North Fort Myers FL 33903-4865

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*E. Duane Ackerman*  
E. Duane Ackerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/99 941 995 7311

CR2E034 (1/1/98)