

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90089 004 ***150.00

DOCUMENT # P34092

1. Corporation Name

EAST SOUND REALTY, INC.

Principal Place of Business

4343 YACHT HARBOR DR
NAPLES LF 33962
US

Mailing Address

4343 YACHT HARBOR DR
NAPLES FL 34112
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1991

4. FEI Number

31-1326253

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 4029 LIGHTHOUSE LN

2a. Mailing Address

26 4029 LIGHTHOUSE LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip Country

24 34112 25

Zip Country

29 34112 30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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.

SIGNATURE

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 HOOVER, R LARRY
STREET ADDRESS 41 SOUTH HIGH STREET
CITY-ST-ZIP COLUMBUS OH 43215

TITLE S ☐ DELETE
NAME LIEBERSBACH, JOHN
STREET ADDRESS 41 SOUTH HIGH STREET
CITY-ST-ZIP COLUMBUS OH

TITLE T ☐ DELETE
NAME VANFLEET, JOHN
STREET ADDRESS 41 SOUTH HIGH STREET
CITY-ST-ZIP COLUMBUS OH

TITLE V ☐ DELETE
NAME ISLER, DAVID F
STREET ADDRESS 41 SOUTH HIGH STREET
CITY-ST-ZIP COLUMBUS OH 43215

TITLE V ☐ DELETE
NAME HANSON, SUSAN
STREET ADDRESS 41 SOUTH HIGH STREET
CITY-ST-ZIP COLUMBUS OH

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 941-774-2300 X212

Date

Daytime Phone #

CR2E034 (11/98)