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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90069 003 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P92000000128

1. Corporation Name

HAUPT & COLLINS, INC.



Principal Place of Business

5760 YOUNGQUIST RD.
#6
FT. MYERS FL 33912
US

Mailing Address

5760 YOUNGQUIST RD.
#6
FT. MYERS FL 33912
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1992

4. FEI Number

65-0365865

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 1342 Colonial Blvd

2a. Mailing Address

26 1342 Colonial Blvd

Suite, Apt. #, etc.

22 #E-40A

Suite, Apt. #, etc.

27 #E-40A

City & State

23 Ft Myers, FL

City & State

28 Ft Myers, FL

Zip

24 33907

Country

25 USA

Zip

29 33907

Country

30 USA

9. Name and Address of Current Registered Agent

COLLINS, TROY D
5760 YOUNGQUIST ROAD
#6
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

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

1342 Colonial Blvd #E-40A

83

84 City

Ft Myers

FL

85 Zip Code

33907

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

Troy D. Collins, Troy D. Collins

1/27/99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE VPS ☐ DELETE

NAME HAUPT, KEITH M

STREET ADDRESS 5760 YOUNGQUIST ROAD, #6

CITY-ST-ZIP FT. MYERS FL

TITLE PT ☐ DELETE

NAME COLLINS, TROY D

STREET ADDRESS 5760 YOUNGQUIST ROAD, #6

CITY-ST-ZIP 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1342 Colonial Blvd #E-40A

Ft Myers, FL 33907.

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1342 Colonial Blvd #E-40A

Ft Myers, FL 33907.

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

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☐ Addition

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:

Troy D. Collins, President

1-27-99

(941) 274-8400.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)