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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P92000002220**1. Corporation Name

SOUTHWEST MILITARY SURPLUS, INC.

Principal Place of Business	Mailing Address
2347 TAMIAMI TRAIL EAST NAPLES FL 33962	2347 TAMIAMI TRAIL EAST NAPLES FL 33962

FILED Feb 17, 1999 8:00am **Secretary of State**

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	Principal Place of Business Mailing Address								
2347 TAMIAMI TRAIL EAST 2347 TAMIAMI TRAIL EAST NAPLES FL 33962 NAPLES FL 33962									
						DO NOT	WRITE IN THI	S SPACE	
						3. Date Incorporated or Qual	ifed		
		•				11/05/1992			
<u> </u>	Place of Business	2a. Mailing Address				4. FEI Number	,	A	pplied For
21		26			65-0368482		N-	ot Applicable	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desire	d □		Additional	
22	27				5. Certificate of Status Desire	а П		equired	
City & Sta	te	City & State			6. Election Campaign Finance	ing _	\$5.00	May Be	
23		28			Trust Fund Contribution	9		to Fees	
Zip	Country	<u> </u>			8. This corporation owes the current year Intangible				
24	25	29	30			Personal Property Tax.			
	9. Name and Address of Curre	ent Registered Agent		<u> </u>		10. Name and Address of No	w Registered	l Agent	
SHE	EA, MICHAEL F		1	81 1	Name				
	7 TAMIAMI TRAIL EAST		Ī	82 5	Street Addre	ss (P.O. Box Number is Not Acc	eptable)		
	PLES FL 33962							tare a company topas	
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			 	84 (City	[13] [13] [13] [13] [13] [13] [13] [13]		13 15 15 15 15	
					-		FL	· ·	Code'
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	502 and 607.1508, Florida State	utes, the abo	ove-n	named corpor	ration submits this statement for	the purpose o	f changing its	registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 607.0505, F	autnorized i Iorida Statut	Dy της tes.	e corporation	rs board of directors. I hereby a	cept the appo	intment as re	gistered
SIGNATURE		Hickory Short	Para	,	$-i$ I_{2}	Facir)	1.79	99	ľ
I SIGNATURE				_					
	Signature, types or printed name of registered ag		E: Registered A	gent sig	gnature required	when reinstating	DATE		
12.	Signature, types or printed name of registered ag OFFICERS A	ND DIRECTORS	E: Registered A	igent sig		ADDITIONS/CHANGES TO		ND DIRECTO	ORS IN 12
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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 on an attachment with an address, with all other like empowered.

SI	GN	ΑT	UR	E