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~- PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012427

1. Corporation Name

CITY-ST-ZIP

W. GETCHELL & ASSOCIATES, INC.

								HOID HABIL CION	
Principal Place	e of Business	Mailing Add	dress						
3521 ALMERIA	AVENUE	3521 ALMEF							
SARASOTA FL 34239			SARASOTA FL 34239				DO NOT WRITE IN THIS SPACE		
US		US	US			<u></u>	3. Date Incorporated or Qualifed		
						"	12/16/1992		
6 D. C. C. I.		2= Mailing	Address			- 4	12/10/1952 I. FEI Number	Δ,	oplied For
	ace of Business	2a. Mailing	Address			"			ot Applicable
21		26					65-0373674		Additional
Suite, Apt. :	#, etc.	<u></u> ⊢ '	Apt. #, etc.			5	5. Certifcate of Status Desired	•	equired
22		27	C1-1-						
City & State	2	City & S	State			6	6. Election Campaign Financing		May Be to Fees
23		28		Carre			Trust Fund Contribution		to rees
Zip	Country	Zip	Г	Cour	ııry	8	3. This corporation owes the current year Ini	angible Yes	□No
24	25	[29]		30			Personal Property Tax. D. Name and Address of New Registered		
	9. Name and Address of Cu	rrent Registered Ag	jent		81 Nam		J. Name and Address of New Registered	Agent	<u> </u>
CETO	SHELL WENDY				O I INARII	5			
	CHELL, WENDY				82 Stree	t Address ((P.O. Box Number is Not Acceptable)		
3521 ALMERIA AVENUE				1					
SAH	ASOTA FL 34239				83				
				-	84 City			85 Zip	Code
					0.0		FL	.	
11. Pursuant t	to the provisions of Sections 607.	0502 and 607.1508,	Florida Statutes	s, the ab	ove-name	d corporation	on submits this statement for the purpose of	changing its	registered
office or re	egistered agent, or both, in the Si	ate of Elorida, Such	change was aut	thorized da Statu	by the cou tes.	poration's t	board of directors. I hereby accept the appoint	intment as re	egistered
	Salut, and accept the or						- 4-32	-99	 -
SIGNATURE	Signature three or printed name of registered	agent and title if applicable	(NOTE: F	Registered	Agent signatur	e required when	n reinstating) DATE		
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	SPDT		DELETE	11 TIT	E			Change	☐ Addition
NAME	GETCHELL, WENDY			1 2 NA	ME				
STREET ADDRESS	3521 ALMERIA AVE				REET ADDRES	1			
				1.3 ST		si			
CITY-ST-ZIP	CADACITIA EI					s			
TITLE	SARASOTA FL		□ DELETE	1.4 CIT	Y-ST-ZIP	s		Change	Addition
TITLE	SARASUTA FL		DELETE	1.4 CIT 2.1 TIT	Y-ST-ZIP LE	s		☐ Change	Addition
NAME	SAHASUTA FL		☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	Y-ST-ZIP LE ME			☐ Change	Addition
	SARASUTA FL		DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI	Y-ST-ZIP LE ME REET ADDRES			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SARASUTA FL			1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CI	Y-ST-ZIP LE ME REET ADDRES TY-ST-ZIP				
NAME STREET ADDRESS	SARASUTA FL		☐ DELETE	1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CF 3.1 TIT	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	SARASUTA FL			1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CI	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SARASUTA FL			1.4 CIT 2.1 TIT 2.2 NAI 2.3 STI 2.4 CF 3.1 TIT 3.2 NAI	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE	s			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SAHASUTA FL		DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE	s		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SAHASUTA FL			1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME REET ADDRES KY-ST-ZIP	s			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAHASUTA FL		DELETE	1.4 Cm 2.1 TIT 2.2 NA 2.3 STI 2.4 CF 3.1 TIT 3.2 NA 3.3 STI 3.4 CF	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME REET ADDRES (Y-ST-ZIP) LE	s		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SAHASUTA FL		DELETE	1.4 CM 2.1 TIT 2.2 NA 2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 STI 3.4 CC 4.1 TIT 4.2 NA	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME REET ADDRES (Y-ST-ZIP) LE	s		☐ Change	Addition
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	SAHASUTA FL		DELETE	1.4 CM 2.1 TIT 2.2 NA 2.3 STI 2.4 CC 3.1 TIT 3.2 NA 3.3 STI 3.4 CC 4.1 TIT 4.2 NA 4.3 STI	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME ME ME ME ME ME ME	s		☐ Change	Addition
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NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME	SAHASUTA FL		☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.3 TIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME ME REET ADDRES Y-ST-ZIP LE ME ME LE ME LE ME LE LE LE	s		☐ Change	Addition
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NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	SAHASUTA FL		DELETE DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 4.4 CIT 4.2 NA 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME	s		☐ Change	Addition
NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS	SAHASUTA FL		☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 STI 2.4 CIT 3.1 TIT 3.2 NA 3.3 STI 3.4 CIT 4.3 STI 4.4 CIT 5.1 TIT 5.2 NA 5.3 STI 5.2 NA 5.3 STI 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.4 CIT 5.5 CIT 5.6 CIT 5.	Y-ST-ZIP LE ME REET ADDRES Y-ST-ZIP LE ME	s		☐ Change	Addition 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.

6.4 CITY-ST-ZIP

SIGNATURE: