

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 # P93000025353

1. Corporation Name
BI-COUNTY L.P., INC.

Principal Place of Business

**2212 6TH ST.
SARASOTA FL 34237
US**

Mailing Address

**2212 6TH ST.
SARASOTA FL 34237
US**

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90026 018 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1993

4. FEI Number

65-0397841

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**DONALD C. FEE
2212 6TH ST.
SARASOTA FL 34237**

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	P	<input type="checkbox"/> DELETE
NAME	FEE, DONALD C	
STREET ADDRESS	2212 6TH ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FEE, DONALD C JR	
STREET ADDRESS	2212 6TH ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	FEE, JEANNE M	
STREET ADDRESS	2212 6TH ST.	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DONALD C. FEE JR.	
1.3 STREET ADDRESS	2212 6th St	
1.4 CITY-ST-ZIP	SARASOTA FL 34237	
2.1 TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DONALD C. FEE	
2.3 STREET ADDRESS	2212 6th St	
2.4 CITY-ST-ZIP	SARASOTA FL 34237	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steven Flocker	
4.3 STREET ADDRESS	2212 6th St.	
4.4 CITY-ST-ZIP	SARASOTA FL 34237	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Donald C. Fee Jr.** **1-14-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-365-0880

CR2E034 (11/98)