FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

SIGNATURE: SIGNAYURE AND TYPED OR PRINTED NA

26 65-0438462	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
Principal Place of Business	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
Principal Place of Business 31 BARKLEY CIRCLE SUITE 1 FORT MYERS FL 33907 US 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Prin	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
Principal Place of Business 31 BARKLEY CIRCLE SUITE 1 FORT MYERS FL 33907 US 2. Principal Place of Business 2a. Mailing Address 2b. Walking Address 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. City & State 2d. City & State 2d. Zip 2d. Country 2d. Zip 2d. Country 2d. Deforming Address of Current Registered Agent FIRESTONE, GARY M 31 BARKLEY CIRCLE SUITE 1 82 Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
31 BARKLEY CIRCLE SUITE 1 FORT MYERS FL 33907 US 22. Principal Place of Business 23. Mailing Address 24. Mailing Address 25. Certificate of Status Desired 26. Suite, Apt. #, etc. 27. Suite, Apt. #, etc. 28. City & State 30. City & State 31. Design of Country 32. Country 33. Date incorporated or Qualified in Control Country 34. FEI Number 65-0438462 55. Certificate of Status Desired in Country 56. Election Campaign Financing Trust Fund Contribution Address of Country 57. Country 58. This corporation has lability for intangible tax under separation in the companies of New Registered Agent 58. Name 58. Name 59. Name and Address of Current Registered Agent 59. Name and Address of New Registered Agent 59. Street Address (P.O. Box Number is Not Acceptable) 50. Street Address (P.O. Box Number is Not Acceptable) 50. Street Address (P.O. Box Number is Not Acceptable) 50. Street Address (P.O. Box Number is Not Acceptable) 50. Street Address (P.O. Box Number is Not Acceptable) 50. Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
SUITE 1 FORT MYERS FL 33907 US 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 2. City & State 2. City & State 3. Date incorporated or Qualified 0/0/22/1993 4. FEI Number 65 0438462 5. Certificate of Status Desired Fee 27 City & State 30 City & State 31 City & State 32 City & State 33 City & State 34 City & State 35 Country 36 Fine Country 37 Fine Country 47 Pine and Address of Current Registered Agent FIRESTONE, GARY M 31 BARKLEY CIRCLE SUITE 1	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
US 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. 3. Date incorporated or Qualified 07/02/1993 4. FEI Number 65-0438462 5. Certificate of Status Desired \$8.75 Fee Crty & State Crty & Status Desired Stat	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0438462 Suite, Apt. #, etc. 5. Certificate of Status Desired 58.75 Fee City & State 6. Election Campaign Financing 7 Trust Fund Contribution Adde 7 Trust Fund Contribution 7 Adde 7 Trust Fund Contribution 8. This corporation has liability for intangible tax under 8 Florida Statutes 7 Yes No 9. Name and Address of Current Registered Agent 8. Name 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable) 8. Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable 5 Additional Required 00 May Be ed to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country B. This corporation has liability for intangible tax under selected Agent FireSTONE, GARY M 31 BARKLEY CIRCLE SUITE 1 Suite, Apt. #, etc. Suite Apt. #, etc. Suite of Status Desired B. Election Campaign Financing Trust Fund Contribution Adde Tru	Not Applicable 5 Additional Required 00 May Be ed to Fees
Suite, Apt. #, etc. Suite, Apt. #, etc. 27	Required May Be ed to Fees
City & State City & State 28 Zip Country B. This corporation has liability for intangible tax under selected Agent Florida Statutes Yes No 9. Name and Address of Current Registered Agent 81 Name FIRESTONE, GARY M 31 BARKLEY CIRCLE SUITE 1 6. Election Campaign Financing Trust Fund Contribution Address Florida Statutes Yes No Name and Address of New Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) B3	ed to Fees
Zip Country Zip Country	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FIRESTONE, GARY M 31 BARKLEY CIRCLE SUITE 1 83 Street Address (P.O. Box Number is Not Acceptable) 83 Barkley Circle	
FIRESTONE, GARY M 31 BARKLEY CIRCLE SUITE 1 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 BARKLEY CIRCLE	
31 BARKLEY CIRCLE SUITE 1 82 Street Address (P.O. Box Number is Not Acceptable) 83	
31 BARKLEY CIRCLE SUITE 1 83	
FOR I MTERS PL 33907 84 City FL 85 Zi	Zip Code
11. Dure year to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-named conversion 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	d agent. I am
SIGNATURE	
Signature, byted or printed name of registered agent and title if applicable (NOTE: Registered Agent signature registed when renstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE DELETE 1 1 TITLE Change	<u> </u>
NAME FIRESTONE, GARY M 12 NAME	
SUBFEL ADDRESS 31 BARKLEY CIR, SUITE 1 1.3 STREET ADDRESS	
CITY-ST-ZIP FT MYERS FL 14 CITY-ST-ZIP	
TITLE DELETE 2 I TITLE Change	Addition
21 RADKI EV CID CHITE 1	
STREET ADDRESS CITY-ST-ZIP THE MYERS FL 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP	
	Addition
NAME 32 NAME	
STREET ADDRESS 3.3. STREET ADDRESS	
217y-ST-ZIP 34 CITY-ST-ZIP 1 Channe	Addition
TITLE	Addition
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-S1-ZIP 44 CITY-S1-ZIP	
THILE DELETE 5 1 TITLE Change	☐ Addition
NAME 5.2 NAME	
STREET ADDRESS 53 STREET ADDRESS	
	Addition
NAME 62 NAME	
STREFT ADDRESS 6.3 STREET ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statucertify 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 consoration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and the appears in Block 12 or Block 13 if changed or on an attachment with an address.	nat my name
SIGNATURE: Stiphan Shaffer 4127/010	