PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P93000076020

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

05-10-1999 90021 028 ***150.00

SPECS & SHADES, INC.										
Principal Place of Business	Mail	ing Address				- T INBUIND IED INSON SIEL ONEIL DA	III BBIII BBII		911 9 11 9 11	SEIL IEBI
2246 MCGREGOR BLVD POB 7200 UNIT 902 BOULEVARD PLZ FT MYERS FL 33911-7200					DO NOT WOO	TT 187 T1 111	C CDACE			
FT MYERS FL 33901						DO NOT WRI	IE IN IHIS	S SPACE		
						3. Date Incorporated or Qualifed				Į
	·	4.9				10/25/1993 4. FEI Number			Applie	d Ear
2. Principal Place of Business	—————————————————————————————————————	Mailing Address								plicable
21	26	Suite, Apt. #, etc.				65-0446705		\$8.7		
Suite, Apt. #, etc.	h	oune, Apr. #, erc.				5. Certifcate of Status Desired		•	Requir	
City & State	27	City & State				6. Election Campaign Financing			0 May	
23	28	ony a chaic				Trust Fund Contribution		•	ed to Fe	, I
Zip Country		Zip	Cou	ntrv		8. This corporation owes the curre	ent vear in	ntangible		
24 25	29	•	30	,		Personal Property Tax.	,	Yes		No
9. Name and Address of Current		red Agent	1001			10. Name and Address of New R	legistered	d Agent		
				81	Name	•				
GRANT, CHUCK				82	Street Addre	ess (P.O. Box Number is Not Accepta	ible)			
2246 MCGREGOR BLVD				02	Sileet Addie	as (F.O. Box Number is Not Accepte	ibio,			
unit 902 Boulevard PLZ				83						
FT MYERS FL 33901					0			OE 7	ip Code	
				84	City		FI	L 85 Z	ip Cou	
 Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations. 	of Florida.	. Such change was	authorized	l by th	ne corporation	n's board of directors. I hereby accep	ot the appo	ointment as	registe	ered
Signature, typed or printed name of registered agent	t and title if a									ì
			·	Agent s	signature required	when reinstating)	DATE	VIE PUDEO	TODO	11140
12. OFFICERS ANI		TORS	13.		signature required	when reinstating) ADDITIONS/CHANGES TO OF				
TITLE D			13. 1.1 Til	TLE	signature required			AND DIREC		1N 12 Addition
TITLE D NAME GRANT, CHUCK		TORS	13. 1.1 Til 1.2 N/	TLE						
TITLE D NAME GRANT, CHUCK STREET ADDRESS 2246 MCGREGOR BLVD #902		TORS	13. 1.1 TII 1.2 NA 1.3 ST	TLE AME REET AL	DORESS					
NAME GRANT, CHUCK STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33901		TORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	TLE AME REET AI	DORESS			☐ Chanç	ge [Addition
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6.4 CITY-ST-ZIP 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: