

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

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90033 003 \*\*\*158.75

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1. Corporation Name

MISSIMER INTERNATIONAL, INC.

Principal Place of Business

8140 COLLEGE PKWY  
STE 202  
FORT MYERS FL 33919  
US

Mailing Address

8140 COLLEGE PKWY  
STE 202  
FORT MYERS FL 33919  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1993

4. FEI Number

65-0453331

Applied For

Not Applicable

5. Certificate of Status Desired XXX

\$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.

XX Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

HOLZINGER, RICHARD L  
22 WINEWOOD COURT  
FT MYERS FL 33919

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 DP ☐ DELETE  
NAME MISSIMER, THOMAS M  
STREET ADDRESS 3214 MCGREGOR BLVD  
CITY-ST-ZIP FT MYERS FL

TITLE DVTS ☐ DELETE  
NAME HOLZINGER, RICHARD L  
STREET ADDRESS 22 WINEWOOD COURT  
CITY-ST-ZIP FT MYERS FL

TITLE DV ☐ DELETE  
NAME WRIGHT, ROBERT R  
STREET ADDRESS 14061 RIVER RD  
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE  
NAME WALKER, CHARLES W  
STREET ADDRESS 5242 SUNNYBROOK CT  
CITY-ST-ZIP CAPE CORAL FL

TITLE DV ☐ DELETE  
NAME BEESON, WILLIAM T III  
STREET ADDRESS 1901 SAVONA PKWY  
CITY-ST-ZIP CAPE CORAL FL

TITLE DV ☐ DELETE  
NAME MARTIN, W KIRK  
STREET ADDRESS 418 NW 37TH PLACE  
CITY-ST-ZIP CAPE CORAL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS 4332 SE 1st Place  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 (changed) or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard L. Holzinger

01/26/99

941-432-9494

Date

Daytime Phone #

CR2E034 (11/98)

0445073