

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
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90019 027 ***150.00

DOCUMENT # P93000084572

1. Corporation Name

GUTTERS UNLIMITED OF NAPLES, INC.

Principal Place of Business

3161 VAN BUREN AVE.
NAPLES FL 33962

Mailing Address

3161 VAN BUREN AVE.
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1993

4. FEI Number

65-0462085

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

PARTINGTON, RALPH
3161 VAN BUREN AVE.
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

MARIA PARTINGTON

82 Street Address (P.O. Box Number is Not Acceptable)

3161 VAN BUREN AVE

83

84 City

NAPLES

FL

85 Zip Code

34112

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

Maria Partington

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

4-14-99

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME PARTINGTON, MARIA
STREET ADDRESS 4980 NAPOLI DR.
CITY-ST-ZIP NAPLES FL

VP ☐ DELETE

NAME FRANK SCHERER
STREET ADDRESS 140 19TH ST NW
CITY-ST-ZIP NAPLES FL

☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change ☐ Addition ☒

Change ☐ Addition ☐

Change ☐ Addition ☐

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SIGNATURE:

Maria Partington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 X 941-732-6199

Date

Daytime Phone #

CR2E034 (11/98)

0459808