**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400004158

1. Corporation Name

## Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90046 028 \*\*\*150.00

C. G. M	INCH, INC					
Principal Plac	e of Business	Mailing Address	-			( )
831 ASHBURTON DR. 831 ASHBURTON DR. NAPLES FL 33863 NAPLES FL 33863						
						DO NOT WRITE IN THIS SPACE
	•					3. Date Incorporated or Qualifed 01/19/1994
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied Fo
21 8 3 Sh buel 26 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 City & State City & State						65-0461573 Not Applica
						5. Certificate of Status Desired   \$8.75 Additional Fee Required
						6. Election Campaign Financing \$5.00 May Be
23	Japles wis	<b>2</b>   28				Trust Fund Contribution Added to Fees
Zip Country Zip				Country		8. This corporation owes the current year Intangible Personal Property Tax.
24 33	9. Name and Address of Curre		30			10. Name and Address of New Registered Agent
•	J. Maine and Address of Curre	it isodistaion whent		81	Name	
MIN	CH, GEORGE					(DOD A) best New Asset (1)
831 ASHBURTON DR.			-	82	Street Addr	ress (P.O. Box Number is Not Acceptable)
NAF	PLES FL 33863			83		
		, •				ing Tip Code
				84	City	FL 85 Zip Code
SIGNATURE	am familiar with, and accept the obligation					rd when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1
TITLE	P	☐ DELETE	1.1 πτ			☐ Change ☐ Ad
NAME	MINCH, CLARA	•	1.2 NA			
STREET ADDRESS	1 7				ADDRESS	
CITY-ST-ZIP	NAPLES FL 33863	[] DELETE	1.4 CIT		T-ZIP	☐ Change ☐ Ac
TITLE	D	☐ DELETE	2.1 TFI			
NAME	MINCH, GEORGE		2.2 NA			
STREET ADDRESS	1 .				TADDRESS	
CITY-ST-ZIP	NAPLE FL 33863	DELETE	2.4 CI		11-ZIP	☐ Change ☐ Ac
TITLE			3.2 NA			
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STREET ADDRESS CITY-ST-ZIP	"		3.4. CI		Į.	
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NAME			4. 2 N	AME	I	
STREET ADDRESS			4.3 ST	REET	ADDRESS	
CITY-ST-ZIP			4.4 CF	TY-\$1	T-Z!P	
TITLE		☐ DELETE	5.1 TII	rle		☐ Change ☐ Ad
NAME	}		5.2 NA	ME		
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		DELETE	5.4 CI 6.1 TII	TY-SI		☐ Change ☐ Ac
NAME		☐ DELETE	5.4 CI 6.1 TII 6.2 NA	TY-SI FLE NME	T-ZIP	Change
NAME STREET ADDRESS		DELETE	5.4 CI 6.1 TII 6.2 NA	TY-SI FLE NME		Change

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 attacument with an address, with all other like empowered.