FILED

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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**

DOCUMENT # P94000012736

1. Corporation Name

BAD BOYS OF COLLIER COUNTY, INC

Principal Plac	e of Business	Mailing Address	Mailing Address				.,		
1821 CR 951		376 CENTURY DR.	376 CENTURY DR.						
NAPLES FL 339	937	MARCO ISLAND FL 33937				DO NOT WRITE IN THIS SPACE	ΞE		
ŲS				-		3. Date Incorporated or Qualifed			
						02/15/1994			
2Principal:P	lace of Business	2a. Mailing Address				4. FEI Number	Ar	plied For	
21		26				65-0468478	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				F Cortiferte of Statue Decired		Additional	
22	<u> </u>	27				3. Certificate of otatos besired	ee Re	equired	
City & Stat	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution A		to Fees	
Zip	Country	Zip		ıntry		8. This corporation owes the current year Intangible		□No	
24	25	29	30			Personal Property Tax. Yes 10. Name and Address of New Registered Agent			
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent			
RLU	MMER, KELLY								
	17TH ST SW					Idress (P.O. Box Number is Not Acceptable)			
	LES FL 33964								
• • •				83					
				84	City	FI 85	Zip	Code	
44 Dumuent	to the provisions of Sections 607 050	22 and 607 1508 Florida Statu	ites the a	hove	-named com	oration submits this statement for the purpose of chang	ina its	registered	
office or r	egistered agent or both in the State.	of Florida. Such change was a	authorized	d by i	the corporation	on's board of directors. I hereby accept the appointmen	l as re	gistered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	onda Stat	utes.	•				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered	i Aceni	t signature require	d when reinstating) DATE			
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTO	DRS IN 12	
TITLE	PS	☐ DELETE	1,1 Π	TLE _			hange	☐ Addition	
NAME	BLUMMER, KELLY		1.2 N	AME					
STREET ADDRESS	1371 17TH ST. SW		1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 C	ITY-\$1	r-ZIP				
TITLE	VT	☐ DELETE	2.1 Ti	TLE			hange	Addition	
WIII -	BURTON, ROBERT-J.	أعلمت وستنتفظ فرنزي	22 N	AME.=	 -				
STREET ADDRESS	376 CENTURY DRIVE		2.3 \$	TREET	ADDRESS	• *			
CITY-ST-ZIP	MARCO ISLAND FL		_	CITY-S	T- ZIP			□ Addition	
TITLE		☐ DELETE	3.1 TI			٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	hange	☐ Addition	
NAME				AME ,	`				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ prieze	_	:πγ- <u>\$</u>	T- ZIP		hange	Addition	
TITLE		☐ DELETE	4.1 T				90		
NAME				IAME					
STREET ADDRESS		•			ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 C	ΠΥ-\$]	I-ZIP		hange	☐ Addition	
TITLE	,	☐ DELETE	5.1 II 5.2 N				- 9-	L.,, 1 100.3011	
NAME	į .				ADDRESS				
STREET ADDRESS				ITY-SI					
CITY-ST-ZIP TITLE		☐ DELETÉ	6.1 T	_		ПС	hange	☐ Addition	
		المتداد ب	6.2 N				-		
NAME	1		1		1				

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 of 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 charges, or on an attachman with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP