**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90084 029 \*\*\*150.00

## 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 # P9400058819

1. Corporation Name

INTERIOR RESOURCES OF LEE COUNTY, INC.

			1						
Principal Place of Business Mailing A		Mailing Address	Address			" I TORESTORE STR FREST GLASS REACH OR		* 81181   8181   16181	
		27713 TENNESSEE STREET BONITA SPRINGS FL 33923				DO:NOT-WRI	TC.INLTH	SPACE '	
منتهاره واستنسان	<u></u>	2 2 3	,		-	3. Date Incorporated or Qualifed		JOIAGE	
		\$	`		- 1	08/09/1994			
2 Principal P	face of Business	2a. Mailing Address				4. FEI Number		Apr	olied For
21	idoo or bosinoss	26			Į	65-0510359		<u> </u>	Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.	-					\$8.75 A	
22	.,,	27				5. Certificate of Status Desired		Fee Re	
City & State	e	City & State				6. Election Campaign Financing	П	\$5.00	May Be
23	<u> </u>	28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	,		8. This corporation owes the curr	ent year In		<u></u>
24	25	29 30				Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		<del></del>		10. Name and Address of New I	Registered	Agent	
WE	CHELT LODI		81	Name					
Wiechelt, Lori 27713 Tennessee Street			82	Street A	treet Address (P.O. Box Number is Not Acceptable)				
BONITA SPRINGS FL 33923			83	<del> </del>					
,			0.4	04.				85 Zip C	
•			84	City			FL	85 Zip C	.000
SIGNATURE	m familiar with, and accept the obligated familiar with, and	t and title if applicable. (NOTE: Regu			equired wh	en reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS A	ND DIRECTO	RS IN 12
12.	D OFFICERS AN		1.1 TITLE			ADDITIONS/CHANGES TO CI	HOLINO A	☐ Change	Addition
	WIECHELT, LORI	□ scc•	1.2 NAME						_
NAME	27713 TENNESSEE STREET	1		T ADDRESS					İ
STREET ADDRESS	BONITA SPRINGS FL 33923								
TITLE	BOMIA SPHINGS FE 33923	☐ DELETE	1.4 CITY+\$ 2.1 TITLE	1-21				Change	Addition
NAME (		_	2.2 NAME			·			·
ļ		I.		TADDRESS					{
STREET ADDRESS			2. 4 CITY-5			•			
C/TY-ST-ZIP TITLE			3.1 TITLE	31-ZIF				Change	Addition
NAME			3.2 NAME	İ					
STREET ADDRESS		l		TADORESS					1
CITY-ST-ZIP	•	1	3.4. CITY-5	- 1					
TITLE	<del></del>		4.1 TITLE	11-211				☐ Change	☐ Addition
NAME			4. 2 NAME	1					1
STREET ADDRESS		l		TADDRESS					
CITY-ST-ZIP		T I	4.4 CITY-S						
TITLE			5.1 ΠΤLE					Change	☐ Addition
NAME			5.2 NAME						
STREET ADDRESS	•	•	53 STREE	T ADDRESS					
CITY-ST-ZIP		•	5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE			•		☐ Change	Addition
NAME			6.2 NAME						

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.

6.3 STREET ADDRESS

STREET ADDRESS

A MISS WILLIE TO REPORT DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-15-99

941.947.8766