

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90270 032 ***150.00

DOCUMENT # P94000063711

1. Corporation Name
W. MICHAEL VINCENT, ENTERPRISES INCORPORATED

Principal Place of Business

1901 FOGARTY AVE
KEY WEST FL 33040
US

Mailing Address

P O BOX 4819
KEY WEST FL 33041
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/25/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3268128

Applied For

Not Applicable

5. Certificate of Status Desired

\$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.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KESSINGER, CHARLES W
409-D MARGARET ST.
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name Charles W. Kessinger

82 Street Address (P.O. Box Number is Not Acceptable)
813 Eaton ST #2

83

84 City Key West

FL

85 Zip Code 33040

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 P ☐ DELETE
NAME VINCENT, MICHELLE W misspelled
STREET ADDRESS 409-D MARGARET ST please correct
CITY-ST-ZIP KEY WEST FL 33040 spelling

TITLE VP ☐ DELETE
NAME KESSINGER, CHARLES W
STREET ADDRESS 409-D MARGARET ST
CITY-ST-ZIP KEY WEST FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. ☒ Change ☐ Addition
1.2 NAME W. MICHAEL VINCENT
1.3 STREET ADDRESS 813 EATON ST. #2
1.4 CITY-ST-ZIP KEY WEST, FL 33040

2.1 TITLE V-P. ☒ Change ☐ Addition
2.2 NAME CHARLES W. KESSINGER
2.3 STREET ADDRESS 813 Eaton ST #2
2.4 CITY-ST-ZIP Key West, FL 33040

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
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Michael Vincent, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99

Date

305-296-7533

Daytime Phone #

CR2E034 (11/98)

0173331