

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 040 \*\*\*150.00

DOCUMENT # P94000068229

1. Corporation Name

TTS - TEAM TRUST SERVICES, INC.

Principal Place of Business

~~500 5TH AVENUE SOUTH, SUITE 524~~  
NAPLES FL 34102  
US

Mailing Address

~~500 5TH AVENUE SOUTH, SUITE 524~~  
NAPLES FL 33941

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1994

4. FEI Number

65-0590621

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

2. Principal Place of Business

21 1250 Tamiami Tr N

Suite, Apt. #, etc.

22 302

City & State

23 NAPLES FL

Zip

24 34102

Country

25

2a. Mailing Address

26 1250 Tamiami Tr N

Suite, Apt. #, etc.

27 302

City & State

28 NAPLES FL

Zip

29 34102

Country

30

9. Name and Address of Current Registered Agent

ERICKSON, WILLIAM C

~~500 5TH AVENUE SOUTH, SUITE 524~~  
NAPLES FL 34102

ADDRESS  
change  
only

10. Name and Address of New Registered Agent

81 Name

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

83 1250 Tamiami Tr. No. # 302

84 City

NAPLES

FL

85 Zip Code

34102

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 DP ☐ DELETE

NAME ROGALL, WOLFGANG W  
STREET ADDRESS 6951 MILLPOND CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

TITLE DV ☐ DELETE

NAME GRIMM, BRUNO  
STREET ADDRESS 6951 MILLPOND CIRCLE  
CITY-ST-ZIP NAPLES FL 34109

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 *WOLFGANG W. ROGALL* REC *WIR* *feh.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-99

(941) 263-2810

Daytime Phone #

CR2E034 (11/98)

0454279