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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

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DOCUMENT # P94000071087

CAUGHENBAUGH ENTERPRISES, INC.

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Principal Place	e of Business	Mailing .	Address					RI uu tii uu ilt	19 68 : 11911 99191	
616E TAYLOR F	RD.		YLOR RD.			ſ				
SUITE 101		SUITE 10					DO NOT WRIT	F IN THIS	SPACE	
NAPLES FL 34109 NAPLES FL 34109 US US						ļ	3. Date incorporated or Qualified			
05		03				ĺ	09/26/1994			}
2 Principal Pl	lace of Business	2a Maili	ng Address	_			4. FEI Number		An	plied For
21	lace of Dustiness	26	ing Macress				65-0525546		1	ot Applicable
Suite, Apt.	# etc		e, Apt. #, etc.			·—-			\$8.75	
—	The second se	27		1.			5. Certificate of Status Desired		Fee Re	equired ,
City & State			& State		<u>-</u> -		6. Election Campaign Financing	п	\$5.00	May Be
23		28			_		Trust Fund Contribution	⊔ ————	Added 1	to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the curre	ent year In		
24		29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	t Registered	Agent				10. Name and Address of New R	egistered	Agent	
	IOUENDALION THAOTHY				81 Name	;				1
	IGHENBAUGH, TIMOTHY		İ			t Addres	s (P.O. Box Number is Not Accepta	ble)		
	S TAYLOR RD.									
1	E 101				83					
NAP	LES FL 33942				84 City				85 Zip	Code
								FL	- -	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.15	08, Florida Statut	tes, the a	ove-name	d corpor	ation submits this statement for the	purpose of	f changing its intment as re	registered
office of fi	to the provisions of Sections 607.050; registered agent, or both, in the State of m familiar with, and accept the obligation	tions of, Secti	ion #07.0505	orida Stati	es.	poradon	a board of directors. Thoroby decop	uppu		9.51
SIGNATURE	and the co	(2011)	صالب مالم	کمرواره	<u> </u>		4/	13/99	7	
GIOTATORE		t and title it applic	A CONTRACTOR OF THE PARTY OF TH	100 dered	Agent signature	required w	rhen reinstating)	DATE		
12.				-41		-			UD DIOCOTO	200 111 40
		D DIRECTO	₹\$	13.			ADDITIONS/CHANGES TO OF	FICERS A		
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NAME	D CAUGHENBAUGH, TIMOTHY	D DIRECTO	□ DELETE	(1.1 π 1.2 N/	ME		ADDITIONS/CHANGES TO OF	FICERS A		
	D CAUGHENBAUGH, TIMOTHY 6166 TAYLOR ROAD	D DIRECTO	□ DELETE	1.1 π 1.2 N/ 1.3 ST	ME REET ADDRESS	3	ADDITIONS/CHANGES TO OF	FICERS AI		
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NAME STREET ADDRESS	D CAUGHENBAUGH, TIMOTHY 6166 TAYLOR ROAD	D DIRECTO	□ DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT	ME REET ADDRESS IY-ST-ZIP LE	3	ADDITIONS/CHANGES TO OF	FICERS AI		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D CAUGHENBAUGH, TIMOTHY 6166 TAYLOR ROAD	D DIRECTO		1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/	ME REET ADDRESS (Y-ST-ZIP LE ME		ADDITIONS/CHANGES TO OF	FICERS AI	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D CAUGHENBAUGH, TIMOTHY 6166 TAYLOR ROAD	D DIRECTO		1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/ 2.3 ST	ME REET ADDRESS TY-ST-ZIP LE ME REET ADORESS		ADDITIONS/CHANGES TO OF	FICERS AI	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAUGHENBAUGH, TIMOTHY 6166 TAYLOR ROAD	D DIRECTO	DELETE	1.1 TT 1.2 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	ME REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP		ADDITIONS/CHANGES TO OF	FICERS AI	☐ Change	☐ Addition
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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 chapted, or on an attachment with an address, with all ther like impowered.

SIGNATURE:

4/19/99 (941) 591-0600

CB2E034 (11/98)