FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

35600 BERMONT ROAD

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business

35600 BERMONT ROAD

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

Katherine Harris

FILED

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90039 050 ***158.75

Change

Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400084108

THE PRESLEY ADVISORY, INC.

PUNTA GORDA FL 33982 PUNTA GORDA FL 33982 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed <u>11/14/</u>1994 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable <u>65-0541433</u> 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zip □No Personal Property Tax. 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name NAPLES FL 33948 PWNTA BORDA, FL 33982 Street Address (P.O. Box Number is Not Acceptable) Zip Code 84 City 85 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. agent. I am familiar with, and accept the obligation SIGNATURE ered Agent signature required when reinstating) CR2F034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change DELETE 1.1 TITLE TITLE 1.2 NAME 35600 BERMONT RD PRESLEY, BRIAN NAME STREET ADDRESS 425 17TH AVENUE, SOUTH 1.3 STREET ADDRESS UNTA GORDA NAPLES FL 33940 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE Change 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

14. Thereby 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 addition, with all other like emptywered.

☐ DELETE