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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000012013**1. Corporation Name

P.I.T.A. OF SOUTHWEST FLORIDA, INC.

Principal Place	of Business	Mailing Address								
4630 GULF STR		395 BAYLAND DRIVE								
NAPLES FL 33942		FT. MYERS FL 33931			DO NOT WRITE IN THIS SPACE					
							Date Incorporated or Qualifed 02/13/1995			
2. Principal Pl	ace of Business	2a. Mailing Address					FEI Number			Applied For
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		26				65-0608473		1	Vot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			-	Certifcate of Status Desired		\$8.75	Additional	
22		27			3.	Certificate of Status Desired		Fee F	Required	
City & State	•	City & State			6.	Election Campaign Financing			May Be	
23		28				Trust Fund Contribution			d to Fees	
Zip	— — · · · · · · · · · · · · · · · · · ·		_	Country			This corporation owes the curr	ent year int	tangible ⊡ Yes	IZ/No
24	25 29 9. Name and Address of Current Registered Agent			30			Personal Property Tax.  Name and Address of New F	Registered		
	9. Name and Address of Current	Registered Agent		81	Name	10.	Maille and Address of New 1	tegistereu	Agont	
PINT	ER, MICHAEL R		Į.							
	CORPORATE SQUARE, STE. C		[	82	Street Ad	at Address (P.O. Box Number is Not Acceptable)				
NAPI	LES FL 33942			83						
		•	L						- Inc. 1 -	- 0-1-
				84	City			FL	85) Zip	p Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut ions of, Section 607.0505, Florid	thorized da Statu	by t tes.	the corpora	ation's boa	ard of directors, I nereby acce	ot the appor	changing i ntment as	ts registered registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE				gent	t signature requi			DATE	ID DIDEO:	TODO (N. 42
12.	OFFICERS AN		13.			A	DDITIONS/CHANGES TO OF	FICERS AN	Change	
TITLE	D DELETE			1.1 TITLE					[_] Change	sAdditon
NAME	HORNACK, RICHARD M		1.2 NA							
STREET ADDRESS	395 BAYLAND DRIVE FT. MYERS FL 33931				ADDRESS					
CITY-ST-ZIP	D . MTCHO FL 33931	DELETE	1.4 CITY-		-217				☐ Change	e Addition
TITLE	_			2.2 NAME						
NAMÉ STREET ADDRESS	395 BAYLAND DRIVE		2.3 STREET ADDRESS							
CITY-ST-ZIP			2.4 CITY-ST-ZIP							
TITLE	·		3.1 TITU						Change	e Addition
NAME			3.2 NA	۸E	1					
STREET ADDRESS			3.3 STF	ŒET	ADORESS					
CITY-ST-ZIP			3.4. CIT	Y-S1	F-ZIP					<u>-</u> ,
TITLE		☐ DELETE	4.1 TIT	E.					Change	e
NAME			4. 2 NA	ME			•			
STREET ADDRESS			4.3 STF	REET	ADDRESS					ļ
CITY-ST-ZIP		FM	4.4 CIT		:-ZIP					- FD Addis
TITLE		☐ DELETE	5.1 TITI						☐ Chang	e 🗀 Addition
NAME.			5.2 NA		- ADDDEOG					. 1
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 CIT 6.1 TITI		-2112				☐ Chang	e 🖺 Addition
TITLE		☐ DETE IF	Q. T 1111	.4.	1					* FT VOORGOLL

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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 off an attachment with an address, with all other like empowered.

FILED Apr 21, 1999 8:00 am Secretary of State 04-21-1999 90103 011 \*\*\*150.00