Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90080 012 \*\*\*150.00

## 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

## DOCUMENT # P95000022918

CITY-ST-ZIP

STREET ADDRESS

NAME

Principal Place of Business  Mailing Address 5665 TRAILWINDS DR #626 FT MYERS FL 33907 FT MYERS FL 33907  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 03/20/1995  2. Principal Place of Business 2. Address 2. Principal Place of Business 2. Address 2. Principal Place of Business 3. Date Incorporated or Qualifed 03/20/1995  3. Date Incorporated or Qualifed 03/20/1995  4. FEI Number 65-0570316  Not Applied For Suite, Apt. #, etc. 2. City & State 2. City & State 3. Certificate of Status Desired Fee Required; Fee Required; Fee Required; 2. City & State 3. Certificate of Status Desired Fee Required; Figure Country Address of Current Registered Agent Fees TailLWINDS DR #626 FT MYERS FL 33907  81 Name ROBINSON, PATRICK B 5665 TRAILWINDS DR #626 FT MYERS FL 33907  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  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 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 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 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corpo	ESTATE	PLANNING SPECIALISTS (E	PS), INC.					
DO NOT WRITE IN THIS SPACE	Principal Place	e of Business	Mailing Address					
2. Principal Place of Business								
2. Principal Place of Business	FT MYERS FL 3	33907	FT MYERS FL 33907			DO NOT WRITE IN	THIS SPACE	
2. Principal Place of Business   2a. Mealing Address   4. FEI Lumber   Applied For								
Suite, Apt. #, etc.	2. Principal Pl	lace of Business	2a. Mailing Address				Aı	pplied For
Suite, Apt. #, etc. 22			——————————————————————————————————————			65-0570316	<u> </u>	
City & State   City & City & City		#, etc.		_		<u> </u>	\$8.75	Additional
Zip   Country   Zip   Country   Zip   Country   S. This corporation were the current year Intangible   Zip	22	مهان کے اعمال اللہ	27		~		_ Fee Re	equired.
28   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   St. This corporation was the current year transgible   Personal Property Tax.   Yes   Deliver   Personal Address of New Registered Agent   Personal Address   Personal Property Tax.   Yes   Deliver   Personal Address   Personal Ad	City & State	& State City & State						
9. Name and Address of Current Registered Agent  ROBINSON, PATRICK B  5665 TRAILWINDS DR #626 FT MYERS FL 33907  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am familiar with an accept the appointment as registered agent. I am fam	23	28				Trust Fund Contribution	Added	to Fees
9. Name and Address of Current Registered Agent  9. Name and Address of Four Registered Agent  10. Name and Address of New Registered Agent  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83	Zip	Country Zip Co		¬ ´	•	• • •		- Andrews
B1   Name	24			<u> </u>				IMTNO
ROBINSON, PATRICK 8 5665 TRAILWINDS DR #626 FT MYERS FL 33907  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 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, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    1. 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 agent, and the provisions of, Section 607,0505, Florida Statutes.  SIGNATURE   2. OFFICERS AND DIRECTORS IN 12   1. TITLE		9. Name and Address of Current	Registered Agent	91	Name	10. Name and Address of New Regis	tered Agent	
Signature.    Signature.   Sign	ROR	INSON PATRICK R		"	Name			
FT MYERS FL 33907    83				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
T1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, hyped or proted name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  D  ROBINSON, PATRICK B  STREET ADDRESS  FT MYERS FL 33907  IACHTY-57-ZP  FT MYERS FL 33907  FT MYERS FL 33907  DELETE  13. STREET ADDRESS  FT MYERS FL 33907  14. CITY-57-ZP  TITLE  D  Change  Addition  Addition  STREET ADDRESS  TITLE  D  Change  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Change  Addition  Addition  Addition  Addition  ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS CHANGES				93	-		<del></del>	
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 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, and the submits of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and the submits of Florida Statutes.  SIGNATURE    Signature, toped or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	,	112110 12 0000		[83				
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   13,		•			'		FL	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D ROBINSON, PATRICK B 1.1 TITLE 1.2 NAME STREET ADDRESS 5665 TRAILWINDS DR #626 CITY-ST-ZIP TO DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 3.3 STREET ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 3.3 STREET ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 3.3 STREET ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 3.3 STREET ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 3.3 STREET ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 3.3 STREET ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 3.3 STREET ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 4.1 TITLE DELETE ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 4.1 TITLE DELETE ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 5.1 TITLE DELETE ADDRESS 5730 TRAILWINDS DR #424 TITLE DELETE 5.1 TITLE DELETE ADDRESS 52 NAME	agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statutes	ine corporation.	on's board of directors. Thereby accept this	арронином во те	s registered egistered
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CITY-ST-ZIP     Change   Addition   Change   Ch	NAME	ROBINSON, PATRICK B		1.2 NAME				
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	NAME	·			T ANDRESS			j

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.

5.4 CiTY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

Change

Addition