

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 09, 1999 8:00 am
Secretary of State

04-09-1999 90043 015 ***150.00

DOCUMENT # P95000029052

1. Corporation Name
J & D HIDEAWAY, INC.



Principal Place of Business

1318 LAFAYETTE ST
CAPE CORAL FL 33904

Mailing Address

1318 LAFAYETTE ST
CAPE CORAL FL 33904

4601 SE 5TH AVE
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4601 SE 5TH AVE
Suite, Apt. #, etc.
22 CAPE CORAL, FL 33904
City & State
23 33904 USA
Zip Country

2a. Mailing Address

26 4601 SE 5TH AVE
Suite, Apt. #, etc.
27 CAPE CORAL, FL
City & State
28 33904 USA
Zip Country

3. Date Incorporated or Qualified

04/07/1995

4. FEI Number

65-0571823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HILL, THOMAS W
1318 LAFAYETTE ST
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name

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

83

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 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 D ☐ DELETE
NAME MUCHOW, RALF
STREET ADDRESS 1318 LAFAYETTE ST
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE
NAME MUCHOW, NILGUEN
STREET ADDRESS 1318 LAFAYETTE ST
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ DELETE
NAME HILL, THOMAS
STREET ADDRESS 1318 LAFAYETTE ST.
CITY-ST-ZIP CAPE CORAL FL

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

4601 SE 5TH AVE
CAPE CORAL, FL 33904

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

4601 SE 5TH AVE
CAPE CORAL, FL 33904

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/99

941-542-5812

CR2E034 (1/98)