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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000035452 1. Corporation Name

Principal Place of Business	Mailing Address
615 CAPE CORAL PKWY W UNIT 204 CAPE CORAL FL 33914 US .	PO BOX 1295 CAPE CORAL FL 33910 US
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zin Country	Zin Country

FILED Apr 05, 1999 8:00 am Secretary of State

04-05-1999 90026 018 ***150.00

SKEET'	r beat'r of southwest	FLORIDA, INC.								
Principal Plac	ce of Business	Mailing Address				-		1101 B1131 B1881	#111 # #1 ##	
615 CAPE CO	RAL PKWY W	PO BOX 1295								
UNIT 204 CAPE CORAL FL 33910				DO NOT WRITE IN THIS SPACE						
CAPE CORAL FL 33914 US US			3. Date Incorporated or Qualifed							
03 ,						05/01/1995			ľ	
Principal Place of Business 2a. Mailing Address						4. FEI Number	- _	Apı	plied For	
- 26						65-0579858		No	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 A		
22	<u></u>	27	<u>.</u>			3. Controdes of Oldress Booker		Fee Re		يحد
City & Stat	te	City & State				6. Election Campaign Financing		\$5.00		
23		28	Carr			Trust Fund Contribution		Added to) Fees	
Zip ──	Country	Zip	Cou	muy		8. This corporation owes the curr		ngible Yes	□No	
24	9. Name and Address of Curren		30			Personal Property Tax. 10. Name and Address of New F				
	9. Name and Address of Curren	t Kedistelen Adeitt		81 Nan		10. Italia alla Adai sos et Melle	g <u>-</u>	<u></u>		
GUN	NNING, DONALD K					70 0 D M 1 1 1 M 1 1 1 1 M 1 1 1 M 1 1 M 1 M	-1-1			
	6 S.W. 13TH AVENUE			82 Stre	et Addre	ss (P.O. Box Number is Not Accepta	able)			
CAF	PE CORAL FL 33991			83			•			
				24 2"				85 Zip C	'odo	
				84 City			FL	85 Zip C	,oue	
office or a gent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	imonzec	o by the co	ed corpo rporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of o ot the appoin	hanging its tment as reg	registered jistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: I	Registered	Agent signatu	re required	when reinstating)	DATE			á
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OF	FICERS AND			0/1
TITLE	D	☐ DELETE	1.1 TT	TLE				Change	Addition	//
NAME	GUNNING, DONALD		1.2 N/	AME						3
STREET ADDRESS	1		1.3 \$						}	l ii
CITY-ST-ZIP	CAPE CORAL FL 33991		1.3 \$1	TREET ADDRE	ss				١	_ C
TITLE) D		1.4 CI	TY-ST-ZIP	ss		<u>.</u>	Change	☐ Addition	6
NAME	! -	☐ DELETE	1,4 CI 2.1 TI	TY-ST-ZIP TLE	ss		. <u>.</u>	Change	Addition (600
STREET ADDRESS	JABLONSKI, JOSEPH A JR.	DELETE	1.4 CI 2.1 TI 2.2 N/	TY+ST-ZIP TLE AME			. <u>.</u>	Change	Addition	600
STREET ADDITESS	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE	☐ DELETE	1.4 CI 2.1 TT 2.2 N/ 2.3 S1	TY-ST-ZIP TLE AME TREET ADDRE		,, <u> </u>		Change	☐ Addition	600
_CITY-ST-ZIP	JABLONSKI, JOSEPH A JR.		1.4 CI 2.1 TT 2.2 N/ 2.3 S1 	TY-ST-ZIP TLE AME TREET ADDRE				☐ Change	Addition	- CO
CITY-ST-ZIP TITLE	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE	☐ DELETE	1.4 CI 2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT	TY-ST-ZIP TLE AME TREET ADDRE TRY: ST-ZIP - TLE						600
CITY-ST-ZIP TITLE NAME	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE CAPE CORAL FL 33914		1.4 CI 2.1 TT 2.2 N/ 2.3 S1 2.4 C 3.1 TT 3.2 N/	TY-ST-ZIP TLE AME TREET ADDRE ITY-ST-ZIP - TLE AME	SS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE CAPE CORAL FL 33914		1.4 CI 2.1 TT 2.2 N/ 2.3 SI 2.4 C 3.1 TT 3.2 N/ 3.3 SI	TY-ST-ZIP TILE AME TREET ADDRE TITY-ST-ZIP TILE AME TREET ADDRE	SS					
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE CAPE CORAL FL 33914	□ DELETE	1.4 CI 2.1 TI 2.2 NV 2.3 SI 2.4 C 3.1 TI 3.2 NV 3.3 SI 3.4. C	TY-ST-ZIP TLE AME TREET ADDRE TLE AME TREET ADDRE TREET ADDRE TREET ADDRE	SS					CD
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE CAPE CORAL FL 33914		1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 ST 3.4 C 4.1 TI	TY-ST-ZIP TLE AME TREET ADDRE TLE TLE AME TREET ADDRE TREET ADDRE TREET ADDRE	SS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE CAPE CORAL FL 33914	□ DELETE	1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT 4.2 N	TY-ST-ZIP TILE AME TREET ADDRE TIY_ST-ZIP TILE AME TIY_ST-ZIP TILE TIY_ST-ZIP TILE AME	SS SS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE CAPE CORAL FL 33914	□ DELETE	1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	TY-ST-ZIP TLE AME TREET ADDRE TLE TLE AME TREET ADDRE TREET ADDRE TREET ADDRE	SS SS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE CAPE CORAL FL 33914	□ DELETE	1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST	TY-ST-ZIP TILE AMME IREET ADDRE ITY_ST-ZIP TILE AMME ITY-ST-ZIP TILE ITY-ST-ZIP TILE ITY-ST-ZIP TILE ITY-ST-ZIP TILE ITY-ST-ZIP TILE ITY-ST-ZIP TITY-ST-ZIP	SS SS			☐ Change	Addition	
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CITY-ST-ZIP	JABLONSKI, JOSEPH A JR. 3218 S.W. 6TH AVENUE CAPE CORAL FL 33914	DELETE DELETE	1.4 CI 2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI 3.2 N/ 3.3 S1 3.4 C 4.1 TI 4.2 N/ 4.3 S1 4.4 CI 5.1 TI 5.2 N/ 5.3 S1 5.4 CI	TY-ST-ZIP TILE AMME IREET ADDRE ITY_ST-ZIP_ TILE AMME IREET ADDRE ITY-ST-ZIP TILE TY-ST-ZIP TILE	SS			☐ Change ☐ Change	Addition 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 exporation 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 18 if changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-438-3988