**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000037175

1. Corporation Name

BUILLOCK & ASSOCIATES INC

BOLLOO	in a nooveintes, inc.							
Principal Place of Business Mailing Address							1511 I <b>VIV</b> I TI	
800 SEAGATE DR., STE. 302  NAPLES FL 34103  US  800 SEAGATE DR., STE. 302  NAPLES FL 34103  US			2 .			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 05/08/1995		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
26						65-0583075	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del>-</del> .		5. Certificate of Status Desired	T	Additional
22		27	7			Fee Required		
City & State City & State						6. Election Campaign Financing	\$5.00 May Be	
23 28						Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year Inta	ingible □Yes	□No
24	25		30	1		Personal Property Tax.  10. Name and Address of New Registered A		
	9. Name and Address of Current	registerea Agent		81	Name	IV. Haille allu Austrass VI Hen Negisteleu I	-Arvill	
CHE	FFY, JANE Y ATTY.			٥.				
2375 TAMIAMI TRAIL NORTH			,	82 Street Address (P.O. Box Number is Not Acceptable)				}
	TE 207			83				
	PLES FL 33940			00				
THE LEG TE GOVERN				84	City	FL	85 Z	p Code
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AN	D DIRECTORS	13.		nt signature require	d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	_		1,1 TC	1.1 TITLE			Chan	ge Addition
NAME	DOCCOOK, COTHERM			12 NAME				
STREET ADDRESS 800 SEAGATE DR., STE. 302			1.3 STREET ADDRESS					ľ
CITY-ST-ZIP NAPLES FL 33940		□ DELETE	1.4 CITY-ST-ZIP		T-ZIP		Chan	ne Addition
TITLE	<b>_</b>			2.1 TITLE				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			2.2 N/		LYDDOLGO			
STREET ADDRESS	5				T ADDRESS			1
CITY-ST-ZIP TITLE		☐ DELETE	_	2. 4 CITY-ST-ZIP 3.1 TITLE			Chan	ge Addition
NAME	1			3.2 NAME		·		ì
STREET ADDRESS			3,3 ST	TREE	TADDRESS	•		
CITY-ST-ZiP	1		3.4. C	ITY-S	ST-ZIP		,	
TITLE	C) DELETE		4.1 TI	TLE			Chan	ge 🔲 Addition
NAME			4, 2 N	IAME				
STREET ADDRESS	3							
CITY-ST-ZIP			4.3 S	TREE	T ADDRESS			
TITLE	-l		1		T-ZIP			
NAME		☐ DELETE	4,4 CI 5.1 TI	ITY-S			☐ Chan	ge Addition
STREET ADDRESS		□ DELETE	4,4 CI 5,1 TI 5,2 No	ITY-S ITLE AME	T-ZIP	,	☐ Chan	ge 🗌 Addition
O TREET ADDITION	3	☐ DELETE	4,4 CI 5,1 TI 5,2 No 5,3 S	ITY-S ITLE AME TREE	T-ZIP	,	☐ Chan	ge 🔲 Addition $\}$
CITY-ST-ZIP			4.4 CI 5.1 TI 5.2 N 5.3 S <sup>2</sup> 5.4 CI	ITY-S ITLE AME TREE ITY-S	T-ZIP			
CITY-ST-ZIP		☐ DELETE	4.4 CI 5.1 TI 5.2 No 5.3 S' 5.4 CI 6.1 TI	ITY-S ITLE AME TREE ITY-S	T-ZIP		☐ Chan	
CITY-ST-ZIP	3		4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI 6.1 TI 6.2 N	ITY-S ITLE AME TREE ITY-S ITLE AME	T-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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90059 040 \*\*\*150.00