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

PROFIT **CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1	MENT # P95000 INDUSTRIES, INC.	0038481 (4)			
Principal Plac	ce of Business	Mailing Address		-{	<u> </u>
795-A MEADOWLAND DRIVE 795-A MEADOWLAND DRIVE			F		
NAPLES FL 33963 NAPLES FL 33963			-		
				DO NOT WRITE IN TH	HIS SPACE
1				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		<b>05/10/1995 4.</b> FEI Number	Applied For
21		26		65-0583478	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 County		Zip — A A C Country		Trust Fund Contribution	Added to Fees
24 ZiB4	Country	29 ZP 34108 3	Country	<ol><li>8. This corporation owes or has paid the Personal Property Tax due June 30.</li></ol>	current year Intangible
24	9. Name and Address of Current		101	10. Name and Address of New Register	
JONES, CARISA A			81 Name		
795-A MEADOWLAND DRIVE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	PLES FL 33963		Oli de Madre	555 (1.0. DOX NOTIFICE TO INCOME TO THE PROPERTY	
			83		
			84 City		- 85 Zip Goda O
11.5		14/5 46/6 11/11/11/11			-L    34108
office or r	to th <b>e provisions</b> of Sections 607,0302 registered agent, or holh, in the State o	r and 607.1508, Florida Statutes of Florida, Such change was au	i, the above-hamed corporation in the corporation is the corporation in the corporation i	oration submits this statement for the purpos on's board of directors. I hereby accept the	se of changing its registered appointment as registered
agent. La	am familiar with, and accept the obliga	tions of, Section 607,0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or ponted name of regulered agen	it and titled applicable (NOTE)	Registered Agent signature require	rd when reinstating) DA	[[
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	Ť	DELETE	1.1 TITLE		Change Addition
NAME	JONES, CARISA A		1.2 NAME		
STREET ADDRESS	795-A MEADOWLAND DRIVE	OULLO	1.3 STREET ADDRESS		2/11/10
CITY-ST-ZIP TITLE	NAPLES FL	34108	1.4 CHY-ST ZIE		☐ Change ☐ Addition
NAME	JONES, STEVEN C	טנוניונ	21 HT(F 22 NAME		Chards Chyballion
STREET ADDRESS	795-A MEADOWLAND DRIVE		2.3 STREET ADDRESS		•
CITY-ST-ZIP	NAPLES FL	24108	2.4 CITY-SC-21P		34108
TITLE		DELETE	3.1 TiffLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<del>-</del>		3.4. C(TY-\$1-ZIP		
TITLE		☐ DECETE	4.1 TITLE		Change Addition
NAME OFFICER LABORETS			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DILETE	4.4 CHY-S1-ZIP 5.1 THE		Change Addition
NAME		and sires in	5.2 NAME		المارين المارين المارين المارين
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	_		54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
CIDEET ANNUESS			6 2 CTHELT ADDRESS		

14. Thereby 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 eath; 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!

64 CITY-S1-ZIP

**FILED** 

Apr 21 1998 8:00am

Secretary of State