

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90104 004 ***150.00

DOCUMENT # P95000045132

1. Corporation Name

SCHELLING AND COTTER, P.A.



Principal Place of Business

999 9TH STREET SOUTH
SUITE 103
NAPLES FL 34102
US

Mailing Address

999 9TH STREET SOUTH
SUITE 103
NAPLES FL 34102
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1995

2. Principal Place of Business

21 **5100 Tamiami Trail North**
Suite, Apt. #, etc.

2a. Mailing Address

26 **5100 Tamiami Trail North**
Suite, Apt. #, etc.

4. FEI Number

65-0585841

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

SCHELLING, JEFFREY S
999 9TH STREET NORTH
SUITE 103
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

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

5100 Tamiami Trail North

83

Suite 142

84 City

Naples

FL

85 Zip Code

34103

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]
Signature, typed or printed name of registered agent and title if applicable.

Jeff Scelling

(NOTE: Registered Agent signature required when reinstating)

04/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **SCHELLING, JEFF**
STREET ADDRESS **386 EMERALD BAY CIRCLE G-5**
CITY-ST-ZIP **NAPLES FL 34110**

TITLE **VPS** ☒ DELETE
NAME **COTTER, TIMOTHY J**
STREET ADDRESS **1471 MANDRIN**
CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

5100 Tamiami Trail North Suite 142
Naples, Florida 34103

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/99

Date

941-862-1796

Daytime Phone #

CR2E034 (1/98)