Apr 13, 1999 8:00 am Secretary of State

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## 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

## **DOCUMENT #** P95000051313

1. Corporation Name

INNOVATIONAL PRODUCTS COMPANY OF PORT CHARLOTTE

Milotiti	HONAL FRODUCIO O		, , , , , , , , , , , , , , , , , , , ,	)( ) <u></u>				
Principal Place	of Business	Ma	iling Address				i Birêt iy <b>ada</b> tiyat	(1888 (11( 188)
12370 KNEELAND TERRACE 12370 KNEELAND TERRACE								
PORT CHARLOTTE FL 33981 PORT CHARLOTTE FL 33981								
						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						06/30/1995	-1	
2. Principal Pla	ace of Business	2a.	Mailing Address			4. FEI Number		plied For
21		26			<u></u>	65-0749311		t Applicable
Suite, Apt. i	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	j
22		27	T				Fee Re	
City & State	e .	L	City & State			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country		Zip	Count	ry	8. This corporation owes the current year le		
24	25	29		30		Personal Property Tax.	☐Yes	<b>□</b> / <b>N</b> ₀
	9. Name and Address of	Current Regist	tered Agent			10. Name and Address of New Registere	d Agent	
					Name			
	.FE, LARRY			1	2 Street Addr	ess (P.O. Box Number is Not Acceptable)	**	
	a John Knox Road			L	<u> </u>			
TALL	.AHASSEE FL 32303-6643	3		[8	13			
				١.	4 City			Code
				ľ	City	長		
office or re	to the provisions of Sections to egistered agent, or both, in the m familiar with, and accept the	e State of Florid	a. Such change was au	utnonzea I	ov tne corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
agent. rai	,	· · · · · · · · · · · · · · · · ·	3601011 001.0303, 1101			,		J
SIGNATURE						d when reinstating) DATE		
SIGNATURE	Signature, typed or printed name of regis	stered agent and title if	f applicable. (NOTE:		gent signature require	d when reinstaiting)  ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO	DRS IN 12
SIGNATURE	Signature, typed or printed name of region		f applicable. (NOTE:	Registered A	gent signature require	7	AND DIRECTO	DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of regit OFFICI	stered agent and title it ERS AND DIRE	spplicable. (NOTE:	Registered A  13. 1.1 TITU	gent signature require	ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE  12. TITLE NAME	Signature, typed or printed name of regis OFFICI D CHECCHIA, E. ALBERT	stered agent and title it ERS AND DIRE	spplicable. (NOTE:	Registered A 13. 1.1 TITU 1.2 NAM	gent signature require	ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of regis  OFFICE  D  CHECCHIA, E. ALBERT 12370 KNEELAND TERF	Stered agent and title it ERS AND DIRE JR RACE	spplicable. (NOTE:	13. 1.1 TITU 1.2 NAM 1.3 STR	gent signature require	ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of regis OFFICE D CHECCHIA, E. ALBERT 12370 KNEELAND TERR PORT CHARLOTTE FL 3	Stered agent and title it ERS AND DIRE JR RACE	applicable. (NOTE: CTORS DELETE	13. 1.1 TITU 1.2 NAW 1.3 STR 1.4 CITY	gent signature require  E E EET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS A		
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of regis OFFICE  D CHECCHIA, E. ALBERT 12370 KNEELAND TERR PORT CHARLOTTE FL 3 D	Stered agent and title it ERS AND DIRE JR RACE	spplicable. (NOTE:	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU	gent signature require  E  E  E  ET  TADDRESS  -ST-ZIP  E	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of regis  OFFICE  D  CHECCHIA, E. ALBERT 12370 KNEELAND TERF PORT CHARLOTTE FL 3  D  CHECCHIA, LUCILLE	stered agent and title it ERS AND DIRE JR RACE 33981	applicable. (NOTE: CTORS DELETE	13. 1.1 TITU 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAW	gent signature require  E  E  EET ADDRESS -ST-ZIP  E	ADDITIONS/CHANGES TO OFFICERS A	☐ Change	☐ Addition
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

