Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90222 019 \*\*\*150.00

## 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 # P95000059735

MCCARV	'ER-MOSER, INC.								
Principal Place	e of Business	Mailing Address				( IDDAINDA ITA IDIDA BIIII DANIS DONIS DENIS DENIS DENIS	41118   BILL   GUR	O CHINOL OLISİ CONC	
482 JOHN RINGLING BLVD 482 JOHN RINGLING BLVD SUITE 1 SUBJECT FLORES					DO NOT WRITE IN THIS SPACE				
SARASOTA FL 34236 US SARASOTA FL 34236 US						Date Incorporated or Qualifed			
		00				07/31/1995			
2. Principal Place of Business 2a. Mailing Address			ess			4. FEI Number	Ar	oplied For	
21 26						65-0615212		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc. 27				5. Certifcate of Status Desired   \$8.75 Additional Fee Required			
City & Stat	9	City & State				6. Election Campaign Financing		May Be	
23		28		Country		Trust Fund Contribution		to Fees	
Zip Country		Zip	h			This corporation owes the current year li     Personal Property Tax.	ntangible ☐ Yes	□No	
24	9. Name and Address of Curre	29 29 Agent	30	<u> </u>		10. Name and Address of New Registered			
<del></del>	S. Hama and Address of Care	CITE I COMMON OF THE STATE OF T		81	Name				
PATTERSON, JOHN 46 N. WASHINGTON BLVD.				82	Street Ac	ddress (P.O. Box Number is Not Acceptable)	<u></u>		
SUITE 1				83					
SAR	ASOTA FL 34236						DE   70n	Cado	
				84 City		F	<u>-</u>     `	Code	
office or r	to the provisions of Sections 607.09 egistered agent, or both, in the Stat m familiar with, and accept the oblic	te of Florida Such chan	ne was autho	anzed by	the comora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appearance of the purpose	of changing its sintment as re	registered egistered	
SIGNATURE			The second second			. DATE	_		
12.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R  OFFICERS AND DIRECTORS			13.	it signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12	
TITLE	DPT			1.1 TITLE 1.2 NAME			☐ Change	Addition	
NAME	MCCARVER, EVERETT JR.								
STREET ADDRESS	482 JOHN RINGLING BLVD.			1.3 STREET	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP				The same	
TITLE	DVPS	⊔ D	ELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME	MOSER, ROLAND P.			2.2 NAME					
STREET ADDRESS	482 John Ringling BLVD. Sarasota Fl				T ADDRESS	÷		-	
CITY-ST-ZIP TITLE	UNINOUIN IL	ПО	ELETE	2.4 CITY-S 3.1 TITLE	91-ZIF		☐ Change	Addition	
NAME				3.2 NAME	1				
STREET ADDRESS				3.3 STREET	T ADDRESS		•		
CITY-ST-ZIP				3.4. CITY- S	ST-ZIP				
TITLE		□ D	ELETE	4.1 TITLE			☐ Change	☐ Addition	
NAME	H			4. 2 NAME	-				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		<u> </u>	ELETE	4.4 CITY-S 5.1 TITLE	T-ZIP		☐ Change	Addition	
TITLE NAME		<i>و</i> ن		5.2 NAME					
STREET ADDRESS					TADORESS				
CITY-ST-ZIP				5.4 CITY-S	T-ZIP				
TITLE		□ D	ELETE	6.1 TITLE	-+		☐ Change	☐ Addition	
NAME				6.2 NAME		-			
l I	i .			62 97000	TADORESS				

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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

941-388-3666