

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

0458527

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90086 033 \*\*\*150.00

DOCUMENT # P95000065278

1. Corporation Name

D. W. DIETRICH & FAMILY, INC.

Principal Place of Business

505 FIFTH AVE SOUTH  
#3  
NAPLES FL 34102  
US

Mailing Address

360 HORSE CREEK DRIVE  
#206  
NAPLES FL 33963  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1995

4. FEI Number

59-3332244

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 6863 SATINLEAF RD. S.

Suite, Apt. #, etc.

27 #101

28 City & State

NAPLES FL

29 Zip

34109

Country

USA

9. Name and Address of Current Registered Agent

DIETRICH, DANIEL W  
360 HORSE CREEK DRIVE  
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

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

6863 SATINLEAF RD. S.

83 #101

84 City

NAPLES

FL

85 Zip Code

34109

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DIETRICH, DANIEL W  
STREET ADDRESS 360 HORSE CREEK DRIVE #206  
CITY-ST-ZIP NAPLES FL

TITLE VP ☐ DELETE

NAME CINDA DIETRICH  
STREET ADDRESS 360 HORSE CREEK DR #206  
CITY-ST-ZIP NAPLES FL

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6863 SATINLEAF RD. S. #101  
1.4 CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 6863 SATINLEAF RD. S. #101  
2.4 CITY-ST-ZIP NAPLES FL 34109

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)