

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
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90009 003 ***158.75

DOCUMENT # P95000081349

1. Corporation Name

INVESTORS TRUST, INC.

Principal Place of Business

3591 FOWLER STREET
FT. MYERS FL 33911

Mailing Address

P.O. BOX 6966
FT. MYERS FL 33911

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1995

4. FEI Number

65-0666835

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.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DENMON, RICHARD A
ONE HARBOR PLACE
5TH FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name THOMAS R. CRONIN, SR.

82 Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 6966

83

84 City FORT MYERS

FL

85 Zip Code 33911

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

3/25/99

12.

OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CRONIN, THOMAS R SR.
STREET ADDRESS POST OFFICE BOX 6966 N/A
CITY-ST-ZIP FT. MYERS FL 33911

TITLE D ☐ DELETE

NAME FOX, ALLAN R SR.
STREET ADDRESS POST OFFICE BOX 6966 N/A
CITY-ST-ZIP FT. MYERS FL 33911

TITLE D ☐ DELETE

NAME CRONIN, THOMAS R JR.
STREET ADDRESS POST OFFICE BOX 6966 N/A
CITY-ST-ZIP FT. MYERS FL 33911

TITLE D ☐ DELETE

NAME LABODA, GERALD DR.
STREET ADDRESS 5285 SUMMERLIN ROAD, #101
CITY-ST-ZIP FT. MYERS FL 33907-7699

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 SECRETARY/TREASURER ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PRESIDENT ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VICE PRESIDENT ☒ 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 #

CR2F034 (1-1/98)

0448747