Styletaus, typed or printed name of registered agent and tile if applicable. (NOTE: Requirer required agent analytic required agent analytic required agent agents are determined. DATE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LE P Intrue Intrue Intrue Intrue MEE f6190 FOREST GLEN CT 13 STREET ADDRESS Intrue Intrue V/S.T.zp PUNTA GORDA FL 33982 14 GPT/ST.2P Change Addition MEE KING, JANET L 21 MARE Change Addition NST.zp PUNTA GORDA FL 33982 2 Hort/ST.2P Change Addition NET ADDRESS 10 ELETE 21 TTLE Change Addition NST.zp PUNTA GORDA FL 33982 2 Adm/ST.2P Change Addition NST.zp DELETE 31 STRET ADDRESS Intrue Change Addition NET ADDRESS 33 STRET ADDRESS Intrue Change Addition NST.zp Intrue Intrue Change Addition NST.zp Intrue	COR ANNU	NOW: FILING PROFIT PORATION JAL REPORT 1999		FLORIDA DEPART Katherin Secretary DIVISION OF CO	IMENT OF STATE e Harris of State	FILED Apr 19, 1999 8:00 an Secretary of State 04-19-1999 90043 037 ***150.00
tig PORCET GLEN ET NIA GORDA FL 3392 PUNTA GORDA FL 3392 Country 20 Count	. Corporation	TERPRISES OF (CHARLOTTE COL	JNTY, INC.		
Principal Place of Busines 2a. Mailing Address 4. FE Number Appled For Suite, Apt. #, etc. 2b Suite, Apt. #, etc. 65-06 197.30 \$8.75 Automonal Feen Required City & State 21 City & State 8. Conclustor of Status Desired 58.00 May State Zip Country 2p Country 8. Election Campaign Financing \$8.70 Automonal Feen Required 2ip Country 2p Country 8. This cooporation oves the current year Intemptiol Personal Proparation Not Acceptable 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent NINC, THOMAS P 16180 FOREST GLEN CT PUNTA GORDA FL 33982 182 Street Address (P.O. Box Number is Not Acceptable) 9 Name and Address of Florids. Status Arange was authorized by the corporation should of electors. I nereby acceptable 183 10. Home and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. The state of Florids. Status Arange was authorized by the corporation should of electors. I nereby acceptable 182 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Status 182 Street Address (P.O. Box Number is Not Acceptable) 12. Corport cargistered agent, or polit, in the State of Florids. Status Arange was authoricated by the corporation's board of electors. I nereby acceptable	6190 FOREST	GLEN CT	1619	O FOREST GLEN CT		3. Date Incorporated or Qualifed
Image: construction True Fund Contribution Added to Fees Zp Country 21 Country 8. This corporation ownset the current treatmagable 225 29 30 Personal Property Tax. fr.c.4. 50 Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent KING, THOMAS P 150.0 FOREST GLEN CT 92 Street Address (P.O. Box Number is Not Acceptable) 12 1. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, or both, in the Statu of Florida. Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, and acopt the obligation of Section 607.0502, Florida Statutes, the above-name corporation submits this statement for the purpose of changing its registered agent, and acopt the obligation of Section 607.0502, Florida Statutes, the above-name acceptable EVE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.	Suite, Apt: #	#, etc:	26	Suite, Apt. #, etc.		4. FEI Number Applied For 65-06 19730 Not Applica •5. Certificate of Status Desired \$8.75 Additional • Election Comparison Eleganding \$5.00 May Res
KING, THOMAS P 16190 FOREST GLEN CT PUNTA GORDA FL 33982 BI Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) BI 94 City FL 85 Zip Code 1. 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 agent, and accept the obligations of Section 67.0505, Florida Statutes. Deletere 1.1 registered agent, and accept the obligations of Section 67.0505, Florida Statutes. IONT Control 1000 Florida Statutes. IONT Floridation of Section 607.0505, Florida Statutes. IONT Floridation of Section 607.0505, Florida Statutes. IONT Floridation of Section 67.0505, Florida Statutes. IONT Floridation on Mathematical Ploridation Colspan="2">IONT Floridation Colspan= 2	Zip	25	y 29		30	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. Fac.d. 9 Yes No
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4. 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	LE ME REET ADDRESS IV- ST-ZIP LE ME REET ADDRESS IV- ST-ZIP LE ME REET ADDRESS IV- ST-ZIP LE ME REET ADDRESS	16190 FOREST GL		C DELETE	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 6.3 STREET ADDRESS	Change Add