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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000085446 (9)

JACK TROWBRIDGE & ASSOCIATES, INC.

Principal Place of Business Mailing Address						
8344 ALOHA FT MYERS FL	•••	8344 ALOHA RD FT MYERS FL 33912				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						11/06/1995
· · ·	Place of Business	2a. Mailing Address				4. FEI Number Applied For
21	#	Suite, Apt. #, etc.				65-0629098 Not Applicable
Suite, Apt. #, etc.		27				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip			Z(p Country			8. This corporation owes or has paid the current year Intangible
24	25 29 30		30			Personal Property Tex due June 30. 🔲 Yes 🛣 No
	9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
TRO	TROWBRIDGE, JACK L			1	Name	
	14 Aloha RD	8		2	Street Addre	ss (P.O. Box Number is Not Acceptable)
FT	MYERS FL 33912					
			6	3		
			8	4	City	85 Zip Code
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was	authorized I	bv t	named corpo the corporatio	ration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered
SIGNATURE	,	•				
	Signature, typod or printed name of registered ag		TL: Registered A	gent	t signature required	<u>V.</u>
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	Ē		☐ Change ☐ Addition
NAME	1110 1101 1011 0		1.2 NAM	1.2 NAME		
STREET ADDRESS 8344 ALOHA RD		1.3 STREET ADDRESS		.DDRESS		
CITY-ST-ZIP			1.4 C/TY		- ZIP	
TITLE			21 TITLE	21 TITLE		Change Addition
NAME	STRAIGHT, RICHARD		2.2 NAME		1	
STREET ADDRESS 6777 WINKLER RD., G216			2.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	FT MYERS FL	OF: FTC	2. 4 CITY - ST - ZIP		- ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAMI			
STREET ADDRESS			3.3 STRE		- 1	
CITY-ST-ZIP	FT MYERS FL 33912			- \$1	- ZIP	Change Addition
TITLE	D TRAMPRING DATRICIA I	□] otreit	4.1 TITLE			Cuarge Agolion
NAME	TROWBRIDE, PATRICIA L 8344 ALOHA RD		4. 2 NAM			
STREET ADDRESS	TT 10/500 T. 1111				DDRESS	
CITY-ST-ZIP TITLE			4.4 City - 5.1 Tifle		ZIP	☐ Change ☐ Addition
NAME		רין מנכרוב	5.2 NAME		1	El Change Abolitoti
					חוסנכי	
STREET ADDRESS			5.3 STAE			
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		ZIF	Change Addition
NAME			1		ļ	CT cuande CT Monitori
l			62 NAME		DODE CO	
STREET ADDRESS	-		6.3 STRE		i	

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.

CR2E034 (10/97

FILED

May 06 1998 8:00am

Secretary of State