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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999 **L**

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

DOCUMENT # P95000085446

1. Corporation Name

JACK TROWBRIDGE & ASSOCIATES, INC.

Principal Place of Business

8344 ALOHA RD
FT MYERS FL 33912

Mailing Address

8344 ALOHA RD
FT MYERS FL 33912



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1995

4. FEI Number

65-0629098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

TROWBRIDGE, JACK L
8344 ALOHA RD
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TROWBRIDGE, JACK L

STREET ADDRESS 8344 ALOHA RD

CITY-ST-ZIP FT MYERS FL 33912

TITLE VD ☒ DELETE

NAME STRAIGHT, RICHARD

STREET ADDRESS 6777 WINKLER RD., G216

CITY-ST-ZIP FT MYERS FL

TITLE STD ☒ DELETE

NAME STRAIGHT, RONALD E

STREET ADDRESS 17396 ALLENTOWN RD

CITY-ST-ZIP FT MYERS FL 33912

TITLE D ☐ DELETE

NAME TROWBRIDGE, PATRICIA L

STREET ADDRESS 8344 ALOHA RD

CITY-ST-ZIP FT MYERS FL 33912

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 VD ☐ Change ☒ Addition

1.2 NAME Trowbridge, Jack Allen

1.3 STREET ADDRESS 16191 Cutts Court

1.4 CITY-ST-ZIP Fort Myers, FL 33908

2.1 TITLE STD ☐ Change ☒ Addition

2.2 NAME Arthur S. Trowbridge

2.3 STREET ADDRESS 121 Coral Drive

2.4 CITY-ST-ZIP North Fort Myers, FL 33917

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:

Jack L. Trowbridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1999

Date Daytime Phone #

CR2ED34 (1/98)