

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90007 030 \*\*\*150.00

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 - Trust Fund Contribution:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

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: \_\_\_\_\_ 85 Zip Code: **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	TROWBRIDGE, JACK L 8344 ALOHA RD FT MYERS FL 33912	1.1 TITLE: VD	Trowbridge, Jack Allen 16191 Cutts Court Fort Myers, FL 33908
TITLE: VD	STRAIGHT, RICHARD 8777 WINKLER RD., G/216 FT MYERS FL	2.1 TITLE: STD	Arthur S. Trowbridge 121 Coral Drive North Fort Myers, FL 33917
TITLE: STD	STRAIGHT, RONALD E 17396 ALLENTOWN RD FT MYERS FL 33912	3.1 TITLE: _____	_____
TITLE: D	TROWBRIDGE, PATRICIA L 8344 ALOHA RD FT MYERS FL 33912	4.1 TITLE: _____	_____
TITLE: _____	_____	5.1 TITLE: _____	_____
TITLE: _____	_____	6.1 TITLE: _____	_____

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* April 29, 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)