

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  
May 08, 1999 8:00 am  
Secretary of State

05-08-1999 90020 012 \*\*\*150.00

DOCUMENT # P96000018238

1. Corporation Name

A BLIND COMPANY OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

~~111 DEL PRADO BLVD N~~  
~~SUITE 5~~  
~~CAPE CORAL FL 33990~~  
US

Mailing Address

~~111 DEL PRADO BLVD N~~  
~~SUITE 5~~  
~~CAPE CORAL FL 33990~~  
US

2. Principal Place of Business

21 1634 S.E. 46<sup>TH</sup> ST.

Suite, Apt. #, etc.

22 UNIT #17

City & State

23 Cape Coral, FL

Zip

24 33904

Country

25 Lee

2a. Mailing Address

26 1634 S.E. 46<sup>TH</sup> ST.

Suite, Apt. #, etc.

27 UNIT #17

City & State

28 Cape Coral, FL

Zip

29 33904

Country

30 Lee

9. Name and Address of Current Registered Agent

BARTOS, BRIAN R  
5217 S.W. 18 AVE.  
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

65-0656590

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ALLIN, EMILY  
STREET ADDRESS 130 SE 10TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ST ☐ DELETE

NAME ALLIN, EDWIN S III  
STREET ADDRESS 130 SE 10TH TERR  
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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:

Edwin S. Allin III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

430 99 941.541.1078

Date

Daytime Phone #

0448460

CR2E034 (11/98)