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

**PROFIT** CORPORATION ANNUAL REPORT

1999



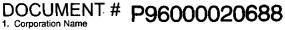
FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 06, 1999 8:00 am Secretary of State

05-06-1999 90235 009 \*\*\*150.00



DRY IT RIGHT INC

יוו וויו	ngiji, mo:						
Principal Place	of Business	Maili	ing Address				
P O BOX 61288 P O BOX 61288 FT MYERS FL 33906 FT MYERS FL 33906							DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualifed
			<del> </del>				03/04/1996
2. Principal Pl	ace of Business	2a. N	2a. Mailing Address				4. FEI Number Applied For
21		26					65-0649155 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired   \$8.75 Additional Fee Required
22)	· · · · · · · · · · · · · · · · · · ·	27					
City & State	<del>2</del>		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees
23			Zip Country				7,700.1.0.1.0
—, <sup>Zip</sup>	Country		· .	30	iu y		8. This corporation owes the current year Intangible Personal Property Tax.
24	9. Name and Address of Curr	29		30			10. Name and Address of New Registered Agent
	9. Name and Address of Cur	ient vehiere	rea Agent		81	Name	10. Name and 1 day
L'HOMMEDIEV, BRIAN 14518 RIVERSIDE DR					82	Street Addre	ress (P.O. Box Number is Not Acceptable)
FORT MYERS FL 33905			ŀ	83			
				-	84	City	85 Zip Code
						-	<b>}-L</b>   }
office or re	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ate of Florida	Such change was at	ithorized	DV	the corporation	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered	count and title if a	aplicable (NOTE:	Registered :	Agen	nt signature required	red when reinstating) DATE
12.	- 6	AND DIREC	<u>'</u>	13.	· ·go··		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	7110 0	DELETE	1.1 111	LE		☐ Change ☐ Additi
NAME	L'HOMMEDIEV, BRIAN		1.2		1.2 NAME		
	14518 RIVERSIDE DR.					T ADDRESS	
			•		1.4 CITY-ST-ZIP		
CITY-ST-ZIP	F1. MTENS FL 33903		☐ DELETE	2.1 TIT		1-21	☐ Change ☐ Additi
NAME			<del></del>	2.2 NA			
STREET ADDRESS						T ADDRESS	
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NAME						TADDRESS	
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			5.1 TITLE 5.2 NAME				
NAME						T ADORESS	
STREET ADDRESS				5.4 CII			
CITY-ST-ZIP			☐ DELETÉ	6.1 717		. 411	☐ Change ☐ Addit
TITLE '	İ			<b>I</b>		1	

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 ent with an address, with all other like empowered.

6.2 NAME

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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