

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
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90086 008 ***150.00

DOCUMENT # P96000021376

1. Corporation Name

COUNTER TOPS OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

2198 Main Street
Sarasota, FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/8/96

4. FEI Number

65-0648994

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 2890 Palm Beach Blvd.

Suite, Apt. #, etc.

22

City & State

23 Ft. Myers

Zip

24 33906

Country

25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

Peter J. Jaensch
3400 S. Tamiami Trail, Suite 103
Sarasota, FL 34239

10. Name and Address of New Registered Agent

81 Name

Dan Duke

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

2890 Palm Beach Blvd.

83

84 City

Ft. Myers

FL

85 Zip Code

33916

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

Dan Duke

3/26/99

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	P	<input checked="" type="checkbox"/> DELETE
NAME	Norman Attree	
STREET ADDRESS	2890 Palm Beach Blvd.	
CITY-ST-ZIP	Ft. Myers, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Stella Attree	
STREET ADDRESS	2890 Palm Beach Blvd.	
CITY-ST-ZIP	Ft. Myers, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Russell Attree	
1.3 STREET ADDRESS	2890 Palm Beach Blvd.	
1.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Julian Attree	
2.3 STREET ADDRESS	2890 Palm Beach Blvd.	
2.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Peter Attree	
3.3 STREET ADDRESS	2890 Palm Beach Blvd.	
3.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dan Duke	
4.3 STREET ADDRESS	2890 Palm Beach Blvd.	
4.4 CITY-ST-ZIP	Ft. Myers, FL 33916	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Russell Attree

3/26/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)