

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

DOCUMENT # P96000030774

1. Corporation Name

FORT PIERCE INVESTORS, INC.

Principal Place of Business

1903 SOUTH 25TH STREET #200
FORT PIERCE FL 34947

Mailing Address

1903 SOUTH 25TH STREET #200
FORT PIERCE FL 34947

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90090 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1996

4. FEI Number

65-0677825

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

2. Principal Place of Business

21 603 N INDIAN RIVER DRIVE

Suite, Apt. #, etc.

22 SUITE 300

City & State

23 FT PIERCE FL

Zip Country

24 34950

25

2a. Mailing Address

26 603 N INDIAN RIVER DRIVE

Suite, Apt. #, etc.

27 SUITE 300

City & State

28 FT PIERCE FL

Zip Country

29 34950

30

9. Name and Address of Current Registered Agent

MINTON, MICHAEL D
1903 SOUTH 25TH STREET #200
FORT PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name

CHRISTOPHER E. FOGAL

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

603 N INDIAN RIVER DRIVE SUITE 300

83

FT PIERCE

84 City

FL

85 Zip Code

34950

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

Christopher E. Fogal

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/9/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LEE, LARRY JR
STREET ADDRESS 2209 SOUTH 25TH STREET #200
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE D ☐ DELETE
NAME FINNEY, LINNES
STREET ADDRESS 320 SOUTH INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34948-3990

TITLE D ☒ DELETE
NAME COKE, RICHARD
STREET ADDRESS 1012 SOUTH 8TH STREET
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE DVP ☐ DELETE
NAME JACQUIN, PAUL
STREET ADDRESS 7348 COMMERCIAL CIR.
CITY-ST-ZIP FORT PIERCE FL

TITLE DT ☐ DELETE
NAME FOGAL, CHRISTOPHER
STREET ADDRESS 415 S. SECOND ST.
CITY-ST-ZIP FORT PIERCE FL

TITLE DS ☒ DELETE
NAME CLEOPATRA STERN
STREET ADDRESS 3232 MEMORY LANE
CITY-ST-ZIP FORT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME RICHARD V NEILL
1.3 STREET ADDRESS 311 SOUTH SECOND STREET
1.4 CITY-ST-ZIP FT PIERCE FL 34950

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME ELLEN MANCINI
2.3 STREET ADDRESS P O BOX 3744
2.4 CITY-ST-ZIP FT PIERCE FL 34948

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 DT ☒ Change ☐ Addition
5.2 NAME CHRISTOPHER E FOGAL
5.3 STREET ADDRESS 603 N INDIAN RIVER DRIVE SUITE 300
5.4 CITY-ST-ZIP FT PIERCE FL 34950

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:

Christopher E. Fogal
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99

Date

561-461-6622

Daytime Phone #

CR2E034 (11/98)