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

PROFIT CORPORATION ANNUAL REPORT 1999

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME



DOCUMENT # POGOCOCIANTO

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90003 047 ***150.00

1. Corporation	NON AGENCY, INC.	0004072							
Principal Place of Business Mailing Address							8141 48 411 48148	titi dia li ka lil	18019 (18) (80)
PO BOX 781 VENICE FL 342		PO BOX 781 VENICE FL 34284-0781				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 04/15/1996	l		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21		26	26			65-0660751		No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 / Fee Re	I .
City & Stat	e	City & State	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Zip	Country	Zip	Zip Country			8. This corporation owes the cur	rent year Int	angible	
24	25	29 30				Personal Property Tax.		☐ Yes	□No
······································	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New	Registered	Agent	
PREWETT, DANIEL L 5777 BENEVA RD. SOUTH SARASOTA FL 34233				82 83	Street Addre	ess (P.O. Box Number is Not Accep		85 Zip (Code
office or r	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	s authorized	bove d by	e-named corporatio	oration submits this statement for the n's board of directors. I hereby acce	FL e purpose of ept the appoi	changing its	registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NO	OTE: Registered	i Agen	t signature required	when reinstating)	DATE		\
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO O	FFICERS AN	ID DIRECTO	RS IN 1/2
TITLE	D,	☐ DELETE	1.1 TI	1.1 TITLE		on sent Then to	2_	Change	Addition
NAME	CÀNON, DONNA J		1.2 N	AME		- 1/			
STREET ADDRESS	945 E. DOUGLAS CT.		1.3 \$	TREET	ADDRESS	- 1			Ì
CITY-ST-ZIP	VENICE FL 34293		1.4 C	ITY-S1	T-ZIP	Jone _			
TITLE	D	☐ DELETE	2.1 TI	2.1 TITLE		1.P. / Sec /P		□ehange	☐ Addition
NAME	CANON, W.C.		2.2 N	AME	۔ ما				ì
STREET ADDRESS	945 E. DOUGLAS CT.		2.3 S	TREET	ADDRESS				}
CITY-ST-ZIP	VENICE FL 34293		2.40	2. 4 CITY-ST-ZIP		stere			
TITLE		☐ DELETE	3.1 Ti	3.1 TITLE				Change	☐ Addition
NAME			3.2 N	AME					
STREET ADDRESS			3.3 S	TREET	T ADDRESS				Ì
CITY-ST-ZIP		<u> </u>	3.4. 0	ITY-S	T-ZIP				
TITLE		☐ DELETE	4.1 T	TLE				Change	Addition
MAME			421	AME					l

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 truestee 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CiTY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: LIGHTION THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

CR2E034 (11/98)

Change

☐ Change

Addition

☐ Addition