## 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 # **P96000053293**1. Corporation Name

RICHARD HESS, INC.

| Princ | cipal | Place | of Busin | es |
|-------|-------|-------|----------|----|
| 2641  | S.E.  | 20TH  | AVENUE   |    |

Mailing Address

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90264 041 \*\*\*150.00



| 2641 S.E. 20TH AVENUE<br>CAPE CORAL FL 33904       |  | 2641 S.E. 20TH AVENUE<br>CAPE CORAL FL 33904 |                |                      | DO NOT WRITE IN THIS SPACE  |  |                        |  |
|--|--|--|----------------|----------------------|---|--|------------------------|--|
|  |  |  |                |                      |   | THO SEACE                              | <del></del>            |  |
|  | •  |  |                |                      | 3. Date Incorporated or Qualifed 06/20/1996   |  |                        |  |
| 2. Principal Place of Business 2a. Mailing Address |  |  |                |                      | 4. FEI Number   | Apr                                    | plied For              |  |
| 21   | •  | 26   |                |                      | 65-0675237  | No                                     | t Applicable           |  |
| Suite, Apt. #,                                     | etc.   | Suite, Apt. #, etc.                          |                |                      |   | \$8.75 A                               | dditional              |  |
| 22   |  | 27   |                |                      | 5. Certificate of Status Desired  | Fee Re                                 | quired                 |  |
| City & State                                       |  | City & State                                 |                |                      | 6. Election Campaign Financing  | \$5.00                                 | May Be                 |  |
| 23   |  | 28   |                |                      | Trust Fund Contribution   | Added to                               |                        |  |
| Zip  | Country  | Zip  | Country        | ,                    | 8. This corporation owes the current year   | r Intangible                           |                        |  |
| 24   | 25 29 30   |  |                | 1 m. m.              |   |  |                        |  |
| Z-4  | 9. Name and Address of Currer                    |  |                | *                    | 10. Name and Address of New Registe   | red Agent                              |                        |  |
| .,,,,  |  |  | 81             | Name                 |   |  |                        |  |
| HESS.  | MARY L   | •  |                |                      | (0.0.0.1)   |  |                        |  |
|  | S.E. 20TH AVENUE                                 |  | 82             | Street Add           | dress (P.O. Box Number is Not Acceptable)   |  |                        |  |
|  | CORAL FL 33904                                   |  | 83             |                      |   |  |                        |  |
| QAI L  | 00.000   |  | "              |                      |   |  |                        |  |
|  |  |  | 84             | City                 |   | 85 Zip C                               | Code                   |  |
|  |  |  |                |                      | •   |  |                        |  |
| 11. Pursuant to                                    | the provisions of Sections 607.050               | 2 and 607.1508, Florida Statute              | es, the abov   | e-named corp         | poration submits this statement for the purpos<br>ion's board of directors. I hereby accept the a | e of changing its<br>appintment as rec | registered<br>distered |  |
| agent, I am  | familiar with, and accept the obliga             | ations of, Section 607.0505, Flor            | rida Statutes  | 3.                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | .,                                     |                        |  |
| •  |  |  |                |                      |   |  |                        |  |
| SIGNATURE  | gnature, typed or printed name of registered age | nt and title if applicable. (NOTE:           | Registered Age | nt signature require | red when reinstating) DATE  |  |                        |  |
| 12.  | OFFICERS AN                                      | ID DIRECTORS                                 | 13.            |                      | ADDITIONS/CHANGES TO OFFICERS   |  |                        |  |
| TITLE  | D  | ☐ DELETE                                     | 1.1 TITLE      |                      |   | Change                                 | Addition               |  |
| NAME   | HESS, RICHARD L                                  | P/S/D  | 1.2 NAME       |                      |   |  |                        |  |
| I .  | 2641 S.E. 20TH AVENUE                            | (/-/-  | 1.3 STREE      | T ADDRESS            |   |  |                        |  |
| 01/12211221  | CAPE CORAL FL 33904                              |  | 1.4 CITY-S     | ST-ZIP               |   |  |                        |  |
|  | D  | ☐ DELETE                                     | 2.1 TITLE      |                      |   | ☐ Change                               | Addition               |  |
| ( '  | HESS, MARY L                                     | UPITIN                                       | 2.2 NAME       |                      |   |  | •                      |  |
|  | 2641 S.E. 20TH AVENUE                            | UP/T/D                                       | 1              | T ADDRESS            |   |  |                        |  |
|  |  | •  |                |                      |   |  |                        |  |
|  | CAPE CORAL FL 33904                              | ☐ DELETE                                     | 2. 4 CITY-     | S1-ZIP               |   | ☐ Change                               | Addition               |  |
| TITLE  |  |  | 3.1 TITLE      |                      |   |  | ٠٠٠٠٠٠٠١ بي            |  |
| NAME   |  |  | 3.2 NAME       | ļ                    |   |  |                        |  |
| STREET ADDRESS                                     |  |  |                | TADDRESS             |   |  |                        |  |
| CITY-ST-ZIP  |  |  | 3.4. CITY-     | ST-ZIP               |   |  |                        |  |
| TITLE  |  | ☐ DELETE                                     | 4.1 TITLE      |                      |   | ☐ Change                               | ☐ Addition             |  |
| NAME   | •  |  | 4. 2 NAME      |                      |   |  |                        |  |
| STREET ADDRESS                                     |  |  | 4.3 STREE      | TADDRESS             |   |  |                        |  |
| CITY-ST-ZIP  |  |  | 4.4 CITY-S     | ST-ZIP               |   |  |                        |  |
| TITLE  |  | ☐ DELETE                                     | 5.1 TITLE      | 1                    |   | ☐ Change                               | Addition               |  |
| NAME   |  |  | 5.2 NAME       | ļ                    | 4   |  |                        |  |
| STREET ADDRESS                                     |  |  | 5.3 STREE      | TADORESS             |   |  |                        |  |
| 1  |  |  | 5.4 CITY-5     |                      |   |  |                        |  |
| CITY-ST-ZIP  |  | DELETE                                       | 6.1 TITLE      |                      |   | ☐ Change                               | Addition               |  |
|  | Outs: F. ST 22301                                |  | 6.2 NAME       |                      |   | ,                                      | _                      |  |
|  | · 計學時期 特殊教育                                      |  |                | T ADDRESS            |   |  | i                      |  |
| STREET ADDRESS                                     | March 1  |  |                |                      |   |  |                        |  |
| ( OTD / OT 710                                     |  |  | 64 CITY-5      | si-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: