

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 20, 1999 8:00 am
Secretary of State

04-20-1999 90257 015 ***150.00

DOCUMENT # P96000061368

1. Corporation Name
HI-TIDE REALTY, INC.

Principal Place of Business

11595 KELLY ROAD
STE 124
FORT MYERS FL 33908
US

Mailing Address

11595 KELLY ROAD
STE 124
FORT MYERS FL 33908
US

2. Principal Place of Business

21 17446 MEADOW LAKE CIR
Suite, Apt. #, etc.

2a. Mailing Address

26 17446 MEADOW LAKE CIR
Suite, Apt. #, etc.

22 71 MYERS
City & State

27 71 MYERS
City & State

23 71
Zip

Country

24 33912

25 US

28 71
Zip

Country

29 33912

30

9. Name and Address of Current Registered Agent

WEST, JUDITH
17446 MEADOW LAKE CIRCLE
FT MYERS FL 33912

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1996

4. FEI Number

65-0695232

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 D ☐ DELETE
NAME WEST, JUDITH
STREET ADDRESS 17446 MEADOW LAKE CIRCLE
CITY-ST-ZIP FT MYERS FL 33912

TITLE D ☐ DELETE
NAME LAURON, ED
STREET ADDRESS 27555 HICKORY BLVD.
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☐ Addition
1.2 NAME Judith A. West
1.3 STREET ADDRESS 17446 MEADOW LAKE CIRCLE
1.4 CITY-ST-ZIP 71 MYERS, 71 33912

2.1 TITLE ED ☒ Change ☐ Addition
2.2 NAME LAURON
2.3 STREET ADDRESS 27555 HICKORY BLVD.
2.4 CITY-ST-ZIP 71 MYERS, 71 33912

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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)