

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 # **P96000077281**

1. Corporation Name  
**ENVOL, INC.**

## Principal Place of Business

**491 - 14TH AVENUE NE  
NAPLES FL 34120**

## Mailing Address

**491 - 14TH AVENUE NE  
NAPLES FL 34120**

## 2. Principal Place of Business

**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip Country  
**24** **25**

## 2a. Mailing Address

**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip Country  
**29** **30**

## 9. Name and Address of Current Registered Agent

**PARENT, AUGUSTIN  
491 - 14TH AVENUE NE  
NAPLES FL 34120**

## 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 the filer, if applicable.

12. Registered Agent's signature and name, if applicable.

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	[ ] DELETE
NAME	<b>PARENT, AUGUSTIN</b>	
STREET ADDRESS	<b>491 - 14TH AVENUE NE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34120</b>	
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.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

**600002770766--4**  
**02/03/99--01131--024**  
**\*\*\*\*150.00 \*\*\*\*150.00**

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

1-27-99 - 94-353-6586

FILED  
99 FEB -1 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

09/17/1996

## 4. FIC Number

65-0699225

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