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

FLORIDA DEPARTMENT OF STATE Katherine Harris

ANNUAL REPORT 1999

PROFIT

CORPORATION



DOCUMENT # Pagnonagago

Secretary of State DIVISION OF CORPORATIONS

Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90052 048 ***150.00

	n Name										
MICHAEL D. DILLARD, P.A.											
***************************************								i daadaan da dada edda aadd aadd badd badd	ERECTORIA TAME TA	I RECORD CONTRACTOR	
Principal Place	e of Business	M	ailing Address					A TARETTARA TURE TRACEM RETITE RECEI MARTIT REDIT R	BING IBING BINED IN		
,			-								
3561 BONITA BAY BLVD BONITA SPRINGS FL 34134 3561 BONITA SPRINGS FL 34134											
US US								DO NOT WRITE IN THIS SPACE			
								Date Incorporated or Qualifed			
								10/18/1996			
2. Principal P	lace of Business	2a. Mailing Address						4. FEI Number	1	pplied For	
21			26				i	NOT APPLICABLE		lot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		Additional	
22			27					5. Certificate of Status Desired	Fee	Required	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be			
23		28						Trust Fund Contribution	Added	l to Fees	
Zip	Country		Zip	Cou	intry			8. This corporation owes the current year	r Intangible		
24	25 29 30			30				Personal Property Tax.			
l	9. Name and Address of Curre		stered Agent					10. Name and Address of New Register	red Agent		
					81	Name					
	ard, Michael D				82	Street	Addras	ss (P.O. Box Number is Not Acceptable)			
8300 CASA DEL RIO LANE			8.			Sueer	Addies	ss (F.O. Box Number is Not Acceptable)	•		
' FI . I	MYERS FL 33919				83						
					Ш				·		
					84	City			- L 85 Zir	Code	
11 Dumuent	to the provisions of Sections 607.05	02 and 6	NOT 1508 Florida Statut	es the a	bove	-named	comot	ration submits this statement for the numos	e of changing i	ts registered	
office or r	registered agent, or both, in the State	e of Flori	da. Such change was a	uthorized	by '	the corpo	oration	's board of directors. I hereby accept the a	ppointment as	registered	
agent. I a	m familiar with, and accept the oblig	ations of	, Section 607.0505, Fig.	rida Stati	utes.	•					
SIGNATURE	Signature, typed or printed name of registered ag	aut and tria	if applicable (NOTE	Registered	Anon	t eignature n	-	when reinstating) DATE		}	
12.	OFFICERS A			13.	, , , go.,				AND DIRECT	ORS IN 12	
TITLE	PSTD		DELETE	1.1 1)	TLE		1/5	51 D	Change	Addition	
NAME	DILLARD, MICHAEL D			1.2 N/	AME		Di	Mard, Michael D	E.		
	8300 CASA DEL RIO LANE			- 8		ADDRESS	20	and it Hank Will		}	
STREET ADDRESS				1.33		ADDITESS !	37.	DULICONT NUN	01	}	
CITY-ST-ZiP	FT. MYERS FL 33919			4.4.0		7 7 D	de	ECLUS EL 23922	0/		
TITLE	1		□ DELETE	_	TY-ST	r-ZIP	E	Estero, FL 33920	Change		
			☐ DELETE	2.1 TI	TY-ST	T-ZIP	H E	s ADDITIONS/CHANGES TO OFFICERS 11ard, Michael D 1229 Wildon+ Run EStero, FL 33922	Change		
NAME			☐ DELETE	2.1 TI 2.2 N	TY-ST		K	ESTERO, FL 33922	Change		
NAME STREET ADDRESS			☐ DELETE	2.1 TI 2.2 N/ 2.3 S1	TY-ST TLE AME TREET	ADDRESS	AC E	ESTERO, FL 33928	Change		
STREET ADDRESS CITY-ST-ZIP				2.1 TI 2.2 N/ 2.3 S1 2.4 C	TY-ST TLE AME TREET	ADDRESS	AC E	ESTERO, FL 33920		Addition	
STREET ADDRESS			☐ DELETE	2.1 TI 2.2 N/ 2.3 S1 2.4 C 3.1 TI	TY-ST TLE AME TREET SITY-S' TLE	ADDRESS	B	ESTERO, FL 33920	Change	Addition	
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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 any 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: