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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000006311

1. Corporation Name

R. L. & T. ENTERPRISES, INC.

Principal Place of Business

**9200 BONITA BEACH ROAD
SUITE 208
BONITA SPRINGS FL 34135**

Mailing Address

**9200 BONITA BEACH ROAD
SUITE 208
BONITA SPRINGS FL 34135**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1997

4. FEI Number

59-3422451

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOOLEY, JOHN
4532 TAMIAMI TRAIL EAST
SUITE 401
NAPLES FL 33962**

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 ☐ DELETE
NAME **P**
STREET ADDRESS **BARRETT, W. THOMAS III**
CITY-ST-ZIP **10630 WOOD IBIS AVENUE, SE
BONITA SPRINGS FL 33923**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **HOOLEY, JON**
CITY-ST-ZIP **4532 TAMIAMI TRAIL E, STE 401
NAPLES FL 33962**

TITLE ☐ DELETE
NAME **DC**
STREET ADDRESS **BARRETT, WILLIAM T DR**
CITY-ST-ZIP **3035 LANCASTER DR
NAPLES FL 34105**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **BARRETT, EMOLEE S**
CITY-ST-ZIP **3035 LANCASTER DR
NAPLES FL 34105**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **DOSON, DEBORHA**
CITY-ST-ZIP **4033 BELAIR LANE
NAPLES FL 34103**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Director

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

JOHN HOOLEY

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

DEBORAH DOSEN

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ 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)(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 to this report, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)