

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90003 002 ***150.00

DOCUMENT # P97000015251

1. Corporation Name

MARKET MANAGEMENT, INC.

Principal Place of Business

685 17TH AVENUE SOUTH
NAPLES FL 34102

Mailing Address

P.O. BOX 327
NAPLES FL 34106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

59-3436771

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

21 11902 Bonita Beach Rd

2a. Mailing Address

26 Box 417

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Bonita Springs, FL

City & State

28 Bonita Springs, FL

Zip

Country

Zip

Country

24 34133 25 USA

29 34133

30 USA

9. Name and Address of Current Registered Agent

CANDLER, ASA W
685 17TH AVENUE SOUTH
NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

CANDLER, ASA W.

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

4099 Tamiami Tr., N., Ste 305

83

84 City

Naples

FL

85 Zip Code

34103

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

4-28-98

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME CANDLER, ASA W
STREET ADDRESS 685 17TH AVENUE SOUTH
CITY-ST-ZIP NAPLES FL 34102

TITLE V
NAME CANDLER, MARIAN
STREET ADDRESS 685 17TH AVENUE SOUTH
CITY-ST-ZIP NAPLES FL 34102

TITLE V
NAME HOWINGTON, JIM
STREET ADDRESS 27061 HOMEWOOD DR.
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

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

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

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

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

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

☐ 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)(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 #

4-28-99 941-262-3034

CR2E034 (11/98)