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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000024267

1. Corporation Name

FILED Jan 27, 1999 8:00am **Secretary of State**

01-27-1999 90030 001 ***150.00

SPECIAL R	R.T., INC.							
	4 Punipass	Mailing Address						
Principal Place o		101 DANIELS LANE						
101 DANIELS LANE NO FT MYERS FL 33917		NO FT MYERS FL 33917		DO NOT WRITE IN THIS SPACE				
NO FI MIERS PL	. 33917	CH 1		` •	3. Date Incorporated or Qualife	ed		Ì
					03/12/1997			
	·				4, FEI Number		Applie	ed For
2. Principal Plac	re of Business	2a. Mailing Address			65-0736932		Not A	pplicable
_	30 d. 22	26					\$8.75 Add	
21 Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Requ	ired
·.		27			6. Election Campaign Financia	<u> </u>	\$5.00 M	ay Be
City & State		City & State			6. Election Campaign Financial Trust Fund Contribution	' ⁹ 🗌	Added to	
		28			8. This corporation owes the current year Intangible			
Zip	Country	Zip	Count	try	Personal Property Tax.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	∐Yes . []No
<u> </u>	25	29	30		19. Name and Address of Ne	w Registered	Agent	
24	A Name and Address of Currer	nt Registered Agent		<u> </u>	lo. leanie did reas			
		The second of the second	1	81 Name				
SPRA	GUE, JOHŅ L	3	Ī	82 Street A	Address (P.O. Box Number is Not Acc	eptable)		
	DANIELS LANE	•	L			4, 54 1 5 1 1 8 4 1 1	में के कि कि	1114
NOR	TH FT MYERS FL 33917	•	ļ	83			11 6 6 16	1187.22
Į			ļ	84 City			85 Zip Ci	I .
}		•	Į	1		<u> </u>	e langing its f	egistered
grand for a control for	4 Darting 607 05	02 and 607 1508. Florida Statuto	es, the at	ove-named	corporation submits this statement for oration's board of directors. I hereby a	ccept the appo	intment as reg	istered
11. Pursuant t	to the provisions of Sections 607.65 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was a	uthorized	by the corpo	oration's board of directors, this y	·		Ì
- onice of re	m familiar with and accept the oblig	ations of, Section 607.0505, Fig.	IIIda Didio					I .
agent. rai	II Iammar Willing Come I	•						\
f		•				DATE		\
f	Standura, typed or printed name of registered ag	ent and title if applicable. (NOTE			equired when reinstating) ' [ADDITIONS/CHANGES TO	DATE	ND DIRECTO	\
f	Standura, typed or printed name of registered ag	•	: Registered	Agent signature n		DATE		RS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and title if applicable. (NOTE ND DIRECTORS	Registered	Agent signature n		DATE	ND DIRECTO	RS IN 12
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A D SPRAGUE, JOHN L	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TII	Agent signature n		DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signeture, typed or printed name of registered ag OFFICERS A D SPRAGUE, JOHN L 101 DANIELS LANE	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	Agent signature notice TLE AME TREET ADDRESS		DATE	ND DIRECTOI ☐ Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A D SPRAGUE, JOHN L	ent and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 SI 1.4 CI	Agent signature notice AME REET ADDRESS ITY-ST-ZIP		DATE	ND DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME	Signeture, typed or printed name of registered ag OFFICERS A D SPRAGUE, JOHN L 101 DANIELS LANE	ent and title if applicable. (NOTE ND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI	Agent signature in ILE AME IREET ADDRESS ITY-ST-ZIP TLE	ADDITIONS/CHANGES TO	DATE	ND DIRECTOI ☐ Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signeture, typed or printed name of registered ag OFFICERS A D SPRAGUE, JOHN L 101 DANIELS LANE	ent and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TI	Agent signature of the	equired when reinstating) / ADDITIONS/CHANGES TO	DATE	ND DIRECTOI ☐ Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered ag OFFICERS A D SPRAGUE, JOHN L 101 DANIELS LANE NO FT MYERS FL 33917	ent and title if applicable. (NOTE ND DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 N, 2.3 S	Agent signature of TLE AME TREET ADDRESS TIT'-ST-ZIP TLE AME TREET ADDRESS	equired when reinstating) / ADDITIONS/CHANGES TO	DATE	ND DIRECTOI ☐ Change	RS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered ag OFFICERS A D SPRAGUE, JOHN L 101 DANIELS LANE NO FT MYERS FL 33917	ent and title if applicable. (NOTE ND DIRECTORS DELETE DELETE	13. 1.1 TII 1.2 NA 1.3 SI 1.4 CI 2.1 TI 2.2 N, 2.3 S 2.4 4.0	Agent signature of TILE AME TREET ADDRESS TIY-ST-ZIP TILE AME TREET ADDRESS CITY-ST-ZIP	equired when reinstating) / ADDITIONS/CHANGES TO	DATE	ND DIRECTOI ☐ Change	RS IN 12
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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 and that my signature shall have the same legal effect as if made under oath; that I am an 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 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 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 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 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 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 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 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 indicated on this annual report of the corporation or the receiver or trustee empowered to execute this report as report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an indicated on this annual report is true and accurate an

SIGNATURE:

STREET ADDRESS