

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90201 029 ***150.00

DOCUMENT # P97000031619

1. Corporation Name
INGRANNA, INC.



Principal Place of Business
4432 HANCOCK BRIDGE PARKWAY
NORTH FORT MYERS FL 33903

Mailing Address
4432 HANCOCK BRIDGE PARKWAY
NORTH FORT MYERS FL 33903

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/07/1997

4. FEI Number

65-0753795

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

9. Name and Address of Current Registered Agent

PODOLSKY, ANNA
4432 HANCOCK BRIDGE PARKWAY
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name INGRIDA LABUCHAS

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

4432 HANCOCK BRIDGE PKWY

83

84 City N. FORT MYERS

FL

85 Zip Code 33903

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]*

(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 D ☒ DELETE
NAME KASIKAUSSKAITE INGRIDA NAME CHANGE
STREET ADDRESS 4432 HANCOCK BRIDGE PARKWAY
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE D ☒ DELETE
NAME PODOLSKY ANNA
STREET ADDRESS 4432 HANCOCK BRIDGE PARKWAY
CITY-ST-ZIP NORTH FORT MYERS FL 33903

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE INGRIDA LABUCHAS ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 4432 HANCOCK BRIDGE PKWY
1.4 CITY-ST-ZIP NORTH FORT MYERS, FL 33903

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS RESIGNED
2.4 CITY-ST-ZIP

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

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

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

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

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)