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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90120 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000046299

1. Corporation Name
CONTINENTAL LENDING GROUP, INC.

Principal Place of Business

1342 COLONIAL BLVD
BLDG. K, SUITE 229
FT MYERS FL 33907-1044

Mailing Address

1342 COLONIAL BLVD
BLDG. K, SUITE 229
FT MYERS FL 33907-1044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1997

4. FEI Number

65-0758553

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 6559 Highcroft DR.

Suite, Apt. #, etc.

22

City & State

23 Naples, FL

Zip Country

24 34119 25 USA

2a. Mailing Address

26 6559 Highcroft DR.

Suite, Apt. #, etc.

27

City & State

28 Naples, FL

Zip Country

29 34119 30 USA

9. Name and Address of Current Registered Agent

CHAULK, WILLIS J
16169 EDMONT DRIVE
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name WILLIS CHAULK

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

6559 Highcroft DR

83

84 City Naples

FL

85 Zip Code 34119

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 P ☐ DELETE

NAME CHAULK, MICHAEL D
STREET ADDRESS 6021 TIDEWATER CIRCLE
CITY-ST-ZIP FT MYERS FL 33908

TITLE VTD ☐ DELETE

NAME CHAULK, WILLIS J
STREET ADDRESS 16169 EDMONT DR
CITY-ST-ZIP FT MYERS FL 33908-3653

TITLE SD ☐ DELETE

NAME CHAULK, BRENDA P
STREET ADDRESS 16169 EDMONT DR
CITY-ST-ZIP FT MYERS FL 33908-3653

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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: Brenda P. Chaulk - Brenda P. Chaulk 4/28/99 941-596-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)