PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700054903

1. Corporation Name

NORTHWEST RENOVATION AND DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90113 006 ***150.00



1429 60TH AVE BRADENTON F	E. West - Ste. 300 L-34207	1429 60TH AVE. WEST STE. Bradenton FL 34207	300				
S. M. DEIN CH.					DO NOT WRITE IN TH	S SPACE	
					Date Incorporated or Qualifed		
					06/20/1997		
2. Principal P	2a. Mailing Address		- 04	4. FEI Number	Ap	plied For	
21		26 507 HILLCREST DR		65-0766569	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			# 0 1% 1 COLATA BARRIER	\$8.75	Additional
22		27	,	_	5. Certificate of Status Desired	Fee Re	cuired
City & S at	e	City & State	5.0	11.	6. Election Campaign Financing	\$5.00	May Be
23		28 RRADENT	יייע איי	PU	Trust Fund Contribution	Added t	,
Zip	Country	Zip 0604 24209	Country		8. This corporation owes the current year	ntangible	
24	25	29 912 31	ט ט	15A	Personal Property Tax.	☐ Yes	₹No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
			81	Name			1
SCHOFIELD, P A				Charact Ad	dress (P.O. Box Number is Not Acceptable)		
1429 60TH AVE. WEST STE. 300				Street At	dress (P.O. Box Number is Not Acceptable)		
BRAI	DENTON FL 34207		83				
			Ĺ				
			84	City	F	85 Zip (Code
44 D	to the annulations of Postions 207 0502	and 607 1509. Elorida Statu es	the above	e-named co	poration submits this statement for the purpose		cagistered
office or r	egistered agent, or both, in the State o	[:] Florida. Such change was auth	orized by	the corpora	tion's board of cirectors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Fk rid	a Statutes	i.			
SIGNATURE					red when reinstating) DATE		
	Signature, typed or printed nar ie of registered agent		<u> </u>	nt signature requ	red when reinstating) DATE ADDITICINS/CHANGES TO OFFICERS /	NO DIRECTO	NE'S IN 12
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS /	Change	Addition
TITLE	D	□ SELETE	2			onange	
NAME	THOMAS, DAVID I.		1.2 NAME				
STREET ADDRESS	507 HILLCREST DRIVE		1.3 STREET ADDRESS				1
CITY-ST-ZIP	BRADENTON FL 34209		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	WELLS, JOHN C		2.2 NAME	İ			İ
STREET ADDRESS	507 HILLCREST DRIVE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34209		2.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	Weber, Kenneth P		32 NAME				
STREET ADDRES S	507 HILLCREST DRIVE		3.3 STREE	T ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34209		3.4. CITY-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
NAME			4 2 NAME	-			
STREET ADDRESS			4.3 STREET ADDRESS				
ļ			4.4 CITY-ST-ZIP				
CITY-ST-ZIP		DELETÉ	5.1 TITLE			Change	Addition
			5.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			i i				
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition
TITLE		- DELETE	6.2 NAME	\		Shange	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME				*******			
STREET ADDRESS				T ADDRESS			1
OUTS OT THE			64 CITY-5	T-7IP			l.

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicate i 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 unlier 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 the empowered.

SIGNATURE: