

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
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90037 044 ***150.00

DOCUMENT # P97000066697

1. Corporation Name

FCC PROPERTIES, INC.

Principal Place of Business

15391 CANONGATE DR.
FT. MYERS FL

Mailing Address

15391 CANONGATE DR.
FT. MYERS FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1997

4. FEI Number

65-0787617

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHIELDS, CHRISTOPHER J
1833 HENDRY ST.
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GLASER, DON
15820 KILMARNOCK DR
FT. MYERS FL 33912 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
PAUL, LARRY
15281 KILBIRNIE DR
FT. MYERS FL 33912 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
BRADLEY, DIANE
15721 LOCKMABEN AVE
FT. MYERS FL 33912 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
CALLANS, THOMAS
15161 CANONGATE DR.
FT. MYERS FL 33912 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VANDYKE, THOMAS
15748 GLENISLE WAY
FT. MYERS FL 33912 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
~~CARLTON JONES, DENNIS~~
~~15600 FIDDLESTICKS BLVD.~~
~~FT. MYERS FL 33912~~ ☐ DELETE

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
D
RICHARD WIEDWALD
15501 QUEENSFERRY DR
FORT MYERS, FL 33912

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

2/19/99

941-768-1539

CR2E034 (1/98)