Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

ØΝο

## 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

## DOCUMENT # P9700081334

Country

9. Name and Address of Current Registered Agent

25

Zip

24

J.G. RUSSELL & CO., INC.	
Principal Place of Business	Mailing Address
1756 KESTRAL PARK DR SARASOTA FL 34231	1756 KESTRAL PARK DR SARASOTA FL 34231
Principal Place of Business 1	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip

29

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90152 010 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

09/18/1997 4. FEI Number

65-0785818

•				Name				
KIRTLEY, WILLIAM T 2940 S TAMIAMI TR SARASOTA FL 34239			82	Street	et Address (P.O. Box Number is Not Acceptable)			
			83					
Q7 11 U								
			84	City	FL	85 Zip	Code	
office or o	to the provisions of Sections 607.0502 and 607.1508 egistered agent, or both, in the State of Florida. Such m familiar with, and accept the obligations of, Section	change was auth	onzea by	the corp	corporation submits this statement for the purpose of toration's board of directors. I hereby accept the appoint	changing its	s registered egistered	
SIGNATURE					required when reinstating) DATE			
40	Signature, typed or printed name of registered agent and title if applicable		gistered Agei	nt signature	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12	
12.	OFFICERS AND DIRECTORS	☐ DELETE	1.1 TITLE		ADDITIONS/GRANGES TO OTT TOETHO ALL	Change	Addition	
TITLE .	P	□ oere ie						
NAME	RUSSELL, J G		1.2 NAME		1			
STREET ADDRESS	1856 KESTRAL PARK DR	•	1.3 STREE	T ADDRESS				
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CfTY-S	T-ZIP				
TITLE		☐ DELETE	2.1 TITLE			☐ Change	☐ Addition	
NAME			2.2 NAME				J	
STREET ADDRESS	, no		2.3 STREE	T ADDRESS		-	~ .	
CITY-ST-ZIP			2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS	,		3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP	<u> </u>			
TITLE	<u> </u>	☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				ļ	
STREET ADDRESS			4.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition 1	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS	;			
CITY-ST-ZIP			5.4 CITY-5	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	Addition	
NAME 3	and the second of the second o		6.2 NAME					
STREET ADDRESS			6.3 STREE	T ADDRESS	<u>;</u>		}	
CITY-ST-ZIP	r 76		6.4 CITY-S	T-ZIP				
44 Lhereby	certify that the information supplied with this filing doe	s not qualify for th	e exempt	tion state	ed in Section 119.07(3)(i), Florida Statutes. I further cert	ify that the	information	
indicated	on this annual report or supplemental annual report is	s true and accurat	e and tha	it my sigi	nature shall have the same legal effect as if made unde	er oath; that	l am an	

Country

30

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; Block 12 or Block 13 if changed, or on an attachment with an address. with all other like empowered.

SIGNATURE: