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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90033 019 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000082660

1. Corporation Name

COMP-U-MEDIC INC.



Principal Place of Business

7710 TARA CIRCLE APT 207
NAPLES FL 34104

Mailing Address

7710 TARA CIRCLE APT 207
NAPLES FL 34104

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

59-3472179

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 **600 Goodlette Rd.**

Suite, Apt. #, etc.

22 **111**

City & State

23 **Naples, FL.**

Zip Country

24 **34102** 25 **USA**

2a. Mailing Address

26 **600 Goodlette Rd.**

Suite, Apt. #, etc.

27 **111**

City & State

28 **Naples FL.**

Zip Country

29 **34102** 30 **USA**

9. Name and Address of Current Registered Agent

ROY, KENNETH
7710 TARA CIRCLE APT 207
NAPLES FL 34104

10. Name and Address of New Registered Agent

81 Name

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

83 **5040 Yacht Harbor Cir.**

84 City

Naples

FL

85 Zip Code

34112

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 fee (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **ROY, KENNETH**
STREET ADDRESS **7710 TARA CIRCLE APT 207**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☐ DELETE

NAME **ROWLES, CHRISTOPHER D**
STREET ADDRESS **7710 TARA CIRCLE APT 207**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** ☐ DELETE

NAME **ROY, JAMES**
STREET ADDRESS **49 CRYSTAL BEACH BLVD**
CITY-ST-ZIP **MORICHES NY 11955**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **5040 Yacht Harbor Circle**
1.3 STREET ADDRESS **NAPLES, FL 34112**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)