

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90006 050 \*\*\*150.00

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1. Corporation Name

FIRST COMMERCIAL MANAGEMENT, INC.

Principal Place of Business

9200 BONITA BEACH ROAD, SUITE 201  
BONITA SPRINGS FL 34135

Mailing Address

P.O. BOX 2366  
BONITA SPRINGS FL 34133-2366

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number  
59-3479231

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 13451 McGregor Blvd

26 13451 McGregor Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 31

27 Suite # 31

23 Ft Myers, FL

28 Ft Myers, FL

24 33919

Country

29 33919

Country

30 USA

9. Name and Address of Current Registered Agent

WILLIAMS, THOMAS A  
9200 BONITA BEACH ROAD, SUITE 201  
BONITA SPRINGS FL 34133-2366

10. Name and Address of New Registered Agent

81 Name

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

13451 McGregor Blvd.

83 Suite # 31

84 City Ft. Myers

FL

85 Zip Code 33919

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 ☐ DELETE

NAME STD  
STREET ADDRESS WILLIAMS, THOMAS A  
CITY-ST-ZIP 9200 BONITA BEACH ROAD, SUITE 201  
BONITA SPRINGS FL 34133-2366

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS BARTELS, DONALD J  
CITY-ST-ZIP 9200 BONITA BEACH ROAD, SUITE 201  
BONITA SPRINGS FL 34133-2366

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 13451 McGregor Blvd. #31

1.4 CITY-ST-ZIP Ft. Myers, FL 33919

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 13451 McGregor Blvd. #31

2.4 CITY-ST-ZIP Ft. Myers, FL 33919

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

4-26-99

Date

941/466-5420

Daytime Phone #

CR2E034 (1/98)

0464764