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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000000441

1. Corporation Name

MANAGEMENT SERVICES OF SARASOTA, INC.

Principal Place of Business

4519 LINWOOD ST
SARASOTA FL 34232

Mailing Address

46 N WASHINGTON BLVD #1
SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

65-0803140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 4713 GLENBROOKE TER.

Suite, Apt. #, etc.

22

City & State

23 SARASOTA FLORIDA

Zip

24 34243

Country

25 USA

2a. Mailing Address

26 4713 GLENBROOKE TER.

Suite, Apt. #, etc.

27

City & State

28 SARASOTA FLORIDA

Zip

29 34243

Country

30 USA

9. Name and Address of Current Registered Agent

SHESLER, VICKIE L
46 N WASHINGTON BLVD #1
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

EDITO M. GIL, JR.

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

4713 GLENBROOKE TER.

83

84 City

SARASOTA

FL

85 Zip Code

34243

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

3/15/99

12.

OFFICERS AND DIRECTORS

TITLE

D

NAME

SHESLER, VICKIE L

STREET ADDRESS

46 N WASHINGTON BLVD #1

CITY-ST-ZIP

SARASOTA FL 34236

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

1.2 NAME

SUSAN E. EVERITT

1.3 STREET ADDRESS

4636 QUARTERHORSE ROAD

1.4 CITY-ST-ZIP

N. CHARLSTON, S.C. 29420

2.1 TITLE

TSD

2.2 NAME

EDITO M. GIL, JR.

2.3 STREET ADDRESS

4713 GLENBROOKE TER.

2.4 CITY-ST-ZIP

SARASOTA, FL 34243

3.1 TITLE

D

3.2 NAME

ISABEL R. GIL

3.3 STREET ADDRESS

4542 DEKALB AVE.

3.4 CITY-ST-ZIP

JACKSONVILLE, FL 32207

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

3/15/99 (94) 376-0173

Date

Daytime Phone #

CR2E034 (11/98)