COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT #

P98000003013

PETRI & ASSOCIATES, INC.

FILED Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90007 047 ***550.00

612849 - 90007 - 47



ncipal Place of Business		Mailing Address			_
		720 106TH AVE NORTH		·	
PLES FL 34108 NAPLES FL 34108		NAPLES FL 34108		DO NOT WRITE IN THIS SPACE	
2 A			3. Date Incorporated or Qualified	SPACE	
				01/02/1998	
Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1958 Trade Center Vay 26 1958 Trade			and Make	65-0803068	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Ser Her word		\$8.75 Additional	
Suite 203 27 Suite		<i>2</i> 03	5. Certificate of Status Desired	Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
Nax	oles FL	28 Naples FL		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country A	8. This corporation owes the current year	n \Box
3410			U37	mitangible i didentar i teperty.	Yes No
	9. Name and Address of Current	Registered Agent	94 Nama	10. Name and Address of New Registered	Agent
PETRI, JOHN O			81 Name		
720 106TH AVE NORTH			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
NAPLES FL 34108					
14/5	LEG 1 E 34100		83		
			84 City	FL	85 Zip Code
					anging its registered
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.					
NATURE	***	44.4		ired when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
:	D OFFICERS AINE		1 TITLE	ADDITIONS/OFFICE OF TO CONTROL OF THE	Change Addition
· =	PETRI, TRACY L		2 NAME	·	
ET ADDRESS	720 106TH AVE NORTH		3 STREET ADDRESS		
ST-ZIP	NAPLES FL 34108		4 CITY-ST-ZIP		1
-51-ZIF	D		1 TITLE		Change Addition
F	PETRI, JOHN O	- · ·	2 NAME	-	_
ET ADDRESS	720 106TH AVE NORTH	2.3	3 STREET ADDRESS		· ·
ST-ZIP	NAPLES FL 34108	. 2.	4 CITY-ST-ZIP		_
		DELETE 3:	1 TITLE		Change Addition
E			2 NAME		_
ET ADDRESS		3.3	3 STREET ADDRESS		
ST-ZIP		3.4	4 CITY-ST-ZIP		
		DELETE 4	1 TITLE		Change Addition
Ξ					
ET ADDRESS		4.3	2 NAME		
ST-ZIP		<u> </u>	2 NAME 3 STREET ADDRESS		
		4.3			
		4.3	3 STREET ADDRESS		Change Addition
<u> </u>		0 delete 5. di	3 STREET ADDRESS 4 CITY-ST-ZIP		Change Addition
ET ADDRESS		DELETE 5.	3 STREET ADDRESS 4 City-St-ZiP 1 Title		Change Addition
: :		DELETE 5.5	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME		Change Addition
ET ADDRESS	£.	DELETE 5.3	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS		Change Addition
ET ADDRESS		44 44 45 45 45 46 47 47 48 48 48 48 48 48	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP		
ET ADDRESS		44 44 45 45 45 45 45 45	3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP 1 TITLE		

I hereby certify that the information supplied with this filing does not qualify for the exemption is 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 3 if changed, or on an attachment with an address.