## 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 # P9800004080 1, Corporation Name

R.E. TUTTLE, INC.

Principal Place of Business

Mailing Address

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90193 012 \*\*\*150.00



1380 WATEFWAY COVE DR. WELLINGTON FL 33414			1380 WATERWAY COVE DR. WELLINGTON FL 33414							RITE IN TH	S SPACE		
							01/12	/1998	ed or Qualife	ed			
2. Principal Place of Business 21 14135 Greentree Drive 26 14135 Greentree Drive							4. FEI Nu	mber	0812	100	<b>}</b>	Applied For	
21 14135 Greentree Drive 26 14135 Greent					<u>rec</u>	Drive	<u>ٔ</u> م	<u> </u>	0012			Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certificate of Status Desired See Recuired Fee Recuired						
City & State  City & State  City & State  City & State  Wellington  FL  28  Wellingto					n FL			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip 3,3414 25 USA 29 33414 30 Country 29 33414 30						N _	Person	al Prope			Yes	<b>M</b> No	
	9. Name and Add	ess of Current	Registered Agent		_		0. Name	and Add	dress of Nev	<u>Registere</u>	d Agent		
	TIE DODENTE				31 Nai	me	•						
TUTTLE, ROBERT E 82 Street Address						eet Address	(P.O. Bex	Numbe	r is Not Acce	ptable)			
1380 WATERWAY COVE DR. 14/3						14135	5 GV	<u>eer</u>	THRE	201	ive		
WEL	LINGTON FL 33414	•			33								
				);	34 City	y 11)e.	Ilin	 a to	m	F	85 Zi	3414	
11 Pursuant	to the provisions of Se	ctions 607.0502	and 607.1508, Florida Statu es	, the ab	L ove-nan	ned compret	ion submit	s this st	atement for t	he purpose	of changing i	ts registered	
office or re	egistered agent, or bo	th, in the State o	Florida. Such change was aut ons of, Section 607.0505, Florid	nonzed	by the c	corporation's	board of c	irectors	. I hereby ac	cept the app	ointment as	registered	
SIGNATURE						_							
0,0,0,1,0,1,2	Signature, typed or printed na			<u> </u>	gent signa	iture required whe				DATE	<u> </u>	505 0 111 42	
12.		OFFICERS AND		13.			ADDITIC	NS/CH	ANGES TO	DEFICERS /	Chang		
TITLE	PSD		☐ DELETE	1.1 TITL							Chang	- LI Addition	
NAME	TUTTLE, ROBERT			1.2 NAN	E								
STREET ADDRESS	1380 WATERWAY			1.3 STR	EET ADDR	ESS							
CITY-ST-ZIP	WELLINGTON FL	33414		•	'-ST-ZIP	+-					Chana	e Addition	
TITLE	VTD		☐ DELETÉ	2.1 TITL	E						☐ Chang	e [] Addibon	
NAME	TUTTLE, DEBORA			2.2 NAA	Œ								
STREET ADDRESS	1380 WATERWAY	COVE DR.		2.3 STR	EET ADDR	ESS						ļ	
CITY-ST-ZIP	<u>wellington</u> fl	_33414		2.4 CIT	Y-ST-ZIP	$\bot$						T t divina	
TITLE			☐ DELETE	3 1 TITL	E						Chang	e Addition	
NAME				3.2 NAM	Œ								
STREET ADDRESS				3.3 STR	EET ADDR	ESS							
CITY-ST-ZIP				•	Y-ST-ZIP							- 1 (distan	
TITLE			☐ DELETE	4.1 TITL	E						Chang	e	
NAME				4. 2 NA	ME								
STREET ADDRES S				4.3 STR	EET ADDR	RESS							
CITY-ST-ZIP				<b>1</b>	-ST-ZIP					_			
TITLE			☐ DELETE	5.1 TITL							Chang	e 🗌 Addition	
NAME				5.2 NAM								1	
STREET ADDRESS				1	EET ADDR	RESS							
CITY-ST-ZIP					-ST-ZIP					_			
TITLE			☐ DELETE	6.1 TITU	E						☐ Chang	e Addition	
NAME				6.2 NAM	Æ								
STREET ADDRESS	I												
OTHER PROPERTY OF				6.3 STR	EET ADDR	RESS							

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 supplementation 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 1.2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

DEBORAH TUTTLE

(561) 798-5127