## 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 # P9 8 00000

98941

## FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90076 018 \*\*\*158.75

1. Corporatio	n Name	- 1				
Tḥe	Navillus Company				222A01 - A0010 TO	
Principal Plac	e of Business	Mailing Address				
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 1/29/98	
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For	-
21 2075 West First Street		26 2075 West First Street			65 0011620	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional	_
Suite 204		27 Suite 204			5. Certificate of Status Desired XX Fee Required	j
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be	$\neg$
Fort 1	Myers, FL	28 Fort Myers, FL			Trust Fund Contribution Added to Fees	_
Zip −	Country -	33901	Count	ry — ISA	8. This corporation owes the current year Intangible — — —	
3390	25	23	30	5A	Personal Property Tax.	_
	9. Name and Address of Current	Registered Agent		11 Name	10. Name and Address of New Registered Agent	-
			[.]	Marc	C. Sullivan	
			8		ress (P.O. Box Number is Not Acceptable) West First Street	- }
			- 8	2		
			L	Suite		
				FL 85 33901		ĺ
11. Pursuant	to the provisions of Sections 607 0502	and 607.1508, Florida Statu	ites, the abo	ve-named corp	poration submits this statement for the ourpose of changing its registered	$\exists$
office or n	egistered agent, or both, in the state of myamilia with, and agcept the obligation	Florida. Such change was ons of, Section 607.0505, Fl	authorized t orida Statute	by the corporations.	on's board of directors. I hereby accept the appointment as registered	ł
SIGNATURE	W/acc 84.00.	1 Am			4/27/99	ı
	Signature, typed or printed name of registered agent a		E: Registered Ag	gent signature required	d when reinstating) DATE	4
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	_
TITLE	D/P	☐ DELETE	1.1 TITLE	- 1	☐ Change ☐ Addition	ות
NAME	V		1.2 NAMI			
STREET ADDRESS			- R	ET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL	33919 □ DELETE	2.1 TITLE		☐ Change ☐ Addition	200
TITLE	D/VP	_	2.1 111LE			"
NAME STREET ADDRESS	Angela D. Sulli 7123 S. Brentwo		(1	ET ADDRESS		
		33919	2.4 CITY			
CITY-ST-ZIP TITLE	Fort Myers, FL	☐ OELETE	3.1 TITLE		☐ Change ☐ Addition	on.
NAME			3.2 NAMI	1	_ , _	
STREET ADDRESS			~ ii · ·	ET ADDRESS		1
CITY-ST-ZIP			3.4. CITY			-
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	חג
NAME	4		4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	л
NAME		5.2 NAME	<b>■</b>			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-			$\perp$
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	n
NAME			6.2 NAME			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY-	ST-ZIP		

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: /

NATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR A C C . Sallivan

4/27/99 941.479.5255

Daytime Phone #

CR2E034 (11/98)