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# F

FILED Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90001 002 ***150.00

1. Corpo	ration Name P980C INLAY SERVICES COMPANY	10023093 , INC.			
12811 KEN SUITE 2034	Place of Business WOOD LANE A RS FL 33907	Mailing Address 12811 KENWOOD LANE SUITE 203A FORT MYERS FL 33907			
2		1 ON1 WIENS PL 33907		DO NOT WRITE IN TH 3. Date incorporated or Qualifed	IS SPACE
21	al Place of Business	2a. Mailing Address		03/09/1998 4. FEI Number	Applied For
City & S	Λ	Suite, Apt. #, etc.	A	65-0034435 5. Certificate of Status Desired □ Λ	Not Applicable /_\$8.75 Additional
Zip	Country	City & State 28 Zip		6. Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be
24	25 9. Name and Address of Curre	20	Country 30	This corporation owes the current year in Personal Property Tax.	™Voc □N.
128 SU FO	CKINLAY, DOUGLAS S B11 KENWOOD LANE ITE 203A RT MYERS FL 33907		83	10. Name and Address of New Registered Address (P.O. Box Number is Not Acceptable)	Agent
11. Pursuant office or agent. I a SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	es, the above-named uthorized by the corporate Statutes.	corporation submits this statement for the purpose of pration's board of directors. I hereby accept the appoint	85 Zip Code changing its registered atment as registered
TITLE	OFFICERS AND	DIRECTORS	13.		,
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MCKINLAY, DOUGLAS S 5554 PERNOD DRIVE S.W. FORT MYERS FL 33919	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP	ADDITIONS/CHANGES TO OFFICERS ANI	D DIRECTORS IN 12 Change Addition
NAME STREET ADDRESS		☐ DELĒTĒ	2.1 TITLE 2.2 NAME		☐ Change ☐ Addition C
CITY-ST-ZIP TILE		□ DE XE T G	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE		
TREET ADDRESS ITY-ST-ZIP TLE	MO	DELETE DELETE	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		☐ Change ☐ Addition
AME TREET ADDRESS		□ DEL€TE	4.1 TITLE 4. 2 NAME		☐ Change ☐ Addition
TY-ST-ZIP		[] DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
ME REET ADDRESS Y-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS	. , [Change Addition
LE AE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change
EET ADDRESS (-ST-ZIP			6.3 STREET ADDRESS	· · ·	Change Addition
hereby certi	ify that the information supplied with the	e filing de-	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 efficiency 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

IGNATURE: DOUGLAS S. MCKINLA)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE 941-218-1819