

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90084 020 ***150.00

DOCUMENT # P98000034560

1. Corporation Name

LOA OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

1601 WEST MARION AVE., STE. 103
PUNTA GORDA FL 33950

Mailing Address

1601 WEST MARION AVE., STE. 103
PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1998

2. Principal Place of Business

21 4479 Melbourne St.

Suite, Apt. #, etc.

2a. Mailing Address

26 4479 Melbourne St.

Suite, Apt. #, etc.

4. FEI Number

65-0828237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

Charlotte Harbor FL 33980

24 Zip 33980 25 Country USA

27 City & State

28 Charlotte Harbor FL

29 Zip 33980 30 Country USA

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00, May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KONIDES, JIM
1601 WEST MARION AVE., STE. 103
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name Sheri Muir
82 Street Address (P.O. Box Number is Not Acceptable)
4479 Melbourne St
83 Charlotte Harbor
84 City FL 85 Zip Code 33980

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

Sheri Muir

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/05/98

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS
NAME KONIDES, NANCY
STREET ADDRESS 241 CAPRI ISLES COURT
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE D
NAME SHEPARD, DAVID
STREET ADDRESS 12408 SW SHERI STREET
CITY-ST-ZIP ARCADIA FL 34266

TITLE PT
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, S
1.2 NAME Nancy Konides
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PT
3.2 NAME Sheri Muir
3.3 STREET ADDRESS 3526 Yukon Dr
3.4 CITY-ST-ZIP Port Charlotte FL 33948

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:

Sheri Muir Sheri S. Muir

11/05/98

(941)
764-0456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)