## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 17, 1999 8:00 am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Katherine Harris ANNUAL REPORT Secretary of State 05-17-1999 90012 004 \*\*\*150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P9800037592 R.O. ZIMMER & ASSOCIATES, Co. Principal Place of Business DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 4. FEI Number Applied For 2a. Mailing Address Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 82 83 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 CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. PRESIDENT FIREASURER DELETE 1,1 TITLE TITLE RICHARD D. ZIMMER 12 NAME NAME NEW CORD 1219 SW DYER POINT RD 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP VICE PRESUENT/SECRETARY DELETE ☐ Change 2.1 TITLE TITLE JANICE K. ZIMMER-1219 SW DYER POINT PD 2.2 NAME NAME NEW CARP 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP — ~□ DELETE Change Addition 3.1-TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY+ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition DELETE [] Change 51 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIF ☐ Addition 61 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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

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SIGNATURE:

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