

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 # P98000038400

1. Corporation Name

KOPKO & COMPANY DESIGN, INC.

Principal Place of Business

**6959 GREENTREE DR.
NAPLES FL 34108**

Mailing Address

**P.O. BOX 770028
NAPLES FL 34107**

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90080 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1998

4. FEI Number

59-3503989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

6959 Greentree Dr.

Suite, Apt. #, etc.

22

2a. Mailing Address

P.O. Box 770028

Suite, Apt. #, etc.

27

City & State

Naples FL

Zip

34108

Country

Collier

City & State

Naples FL

Zip

34107

Country

Collier

9. Name and Address of Current Registered Agent

**HOBAN, WM. E
6959 GREENTREE DR.
NAPLES FL 34108**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

Wm E Hoban

President

3/12/99

12.

OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	Wm E Hoban	
STREET ADDRESS	6959 Greentree Dr	
CITY-ST-ZIP	Naples FL 34108	
TITLE	Ron Kopko Vice President	<input type="checkbox"/> DELETE
NAME	Ronald G Kopko	
STREET ADDRESS	28650 Carriage Homes Dr. #101	
CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Linda Hoban	
STREET ADDRESS	6959 Green tree Dr	
CITY-ST-ZIP	Naples FL 34108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Signature and typed or printed name of signing officer or director

Wm E Hoban

3/12/99

Date

941-596-2245

Daytime Phone #

CR2E034 (11/98)