

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
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90021 026 ***150.00

DOCUMENT # P98000038848

1. Corporation Name
SELECT ONE, INC.

Principal Place of Business
3255 TAMIAMI TRAIL NORTH
NAPLES FL 34103

Mailing Address
3255 TAMIAMI TRAIL NORTH
NAPLES FL 34103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1998

4. FEI Number

59-3506148

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

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, PHILLIP
3255 TAMIAMI TRAIL NORTH
NAPLES FL 34103

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME WOOD, PHILLIP
STREET ADDRESS 3255 TAMIAMI TRAIL NORTH
CITY-ST-ZIP NAPLES FL 34103

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME WOOD, JOHN
STREET ADDRESS 3255 TAMIAMI TRAIL NORTH
CITY-ST-ZIP NAPLES FL 34103

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

TITLE DTS ☐ DELETE
NAME BABCOCK, DOROTHY
STREET ADDRESS 3255 TAMIAMI TRAIL NORTH
CITY-ST-ZIP NAPLES FL 34103

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Asst. Vice Pres.
4.3 STREET ADDRESS Sylvia Jeanne Haynes
4.4 CITY-ST-ZIP 4888 West Boulevard
Naples, FL 34103

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Asst. Vice Pres.,
5.3 STREET ADDRESS Stephen K. Hunt
5.4 CITY-ST-ZIP 6631 New Haven Circle
Naples, FL 34109

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME Asst. Vice Pres.
6.3 STREET ADDRESS Jerelyn J. Cobb
6.4 CITY-ST-ZIP 3240 5th Avenue S.W.
Naples, FL 34117

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99
Date

941-261-6622
Daytime Phone #

CR2E034 (1/98)

0456326