

PROFESSIONAL
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90072 028 ***150.00

DOCUMENT #

1. Corporation Name

P98000046348**CTM INVESTMENT & SERVICE CORP.**

Principal Place of Business

Mailing Address

2830 SW 39th Terr
CAPE CORAL, FL. 33914

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CAPE CORAL, FL. 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/98

65-0890202

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

Trust Fund Contribution

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS RIEDLINGER
621 East Cape Coral Pkway
Cape Coral, FL 33904

81 Name **MICHAEL TROEGER**82 Street Address (P.O. Box Number is Not Acceptable)
2830 SW 39th Terr

83

84 City **CAPE CORAL****FL**85 Zip Code
33914

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

Michael Troeger **MICHAEL TROEGER - President** **02/18/99**

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
TITLE **PRESIDENT**
NAME **MICHAEL TROEGER**
STREET ADDRESS **621 East Cape Coral Pkway**
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition
1.1 TITLE **PRESIDENT**
1.2 NAME **MICHAEL TROEGER**
1.3 STREET ADDRESS **2830 SW 39th Terr., Cape Coral, FL. 33914**
1.4 CITY-ST-ZIP

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

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

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition
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:

Michael Troeger **MICHAEL TROEGER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

02/18/99

(941)-549-3046

Office Phone

CR 2034 1/1/98