

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
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90237 012 ***150.00

DOCUMENT # P98000065450

1. Corporation Name
THROUGH THE GRAPEVINE, INC.

Principal Place of Business
4360 ORANGE RIVER LOOP ROAD
FT. MYERS FL 33905

Mailing Address
4360 ORANGE RIVER LOOP ROAD
FT. MYERS FL 33905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1998

4. FEI Number
65-0856418

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

2. Principal Place of Business
21 4360 ORANGE RIVER LOOP
Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

22 City & State
23 FT. MYERS FL

27 City & State
28

24 33905 25 Country

29 Zip Country
30

9. Name and Address of Current Registered Agent

MEOLA, SHARON
4360 ORANGE RIVER LOOP ROAD
FT. MYERS FL 33905

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
P/D, T	LAURIE SCOTT	1551 RICARDO	FT. MYERS, FL 33901	<input type="checkbox"/>	<input type="checkbox"/>
VIS/D	SHARON MEOLA	4360 ORANGE RIVER LOOP RD.	FT. MYERS, FL 33905	<input type="checkbox"/>	<input type="checkbox"/>
D	DAVID SCOTT	1551 RICARDO	FT. MYERS, FL 33901	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Sharon G. Meola
SHARON MEOLA
MEOLA

4/29/99 (941) 693-8967
Date Daytime Phone #

CR2E034 (11/98)

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