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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000065599

1. Corporation Name

CECILIA LOWRY & ASSOC., INC.

				_				
Principal Place of Business Mailing Address							,	
6035 ESTERO BLVD. FORT MYERS BEACH FL 33931		C/O COSTELLO. SIMS & ROYSTON P.O. DRAWER 60205 FORT MYERS FL 33906			DO NOT WRITE IN	THIS SPACE		
						3. Date Incorporated or Qualifed 07/27/1998		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21		26				65-0853005		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		75 Additional B Required
City & Stat	e	City & State				6. Election Campaign Financing Trust Fund Contribution	Add	00 May Be ded to Fees
Zip	Country	Zip	Count	try		8. This corporation owes the current ye		
24	25		30			Personal Property Tax.	M Yes	□No
	9. Name and Address of Curr	ent Registered Agent		14 N		10. Name and Address of New Regist	ered Agent	
POV	STON, ROBERT D JR.		[*	31 Na	ame			Į
12670 NEW BRITTANY BLVD.			8	32 St	reet Addre	ddress (P.O. Box Number is Not Acceptable)		
	E 101		[8	33				· \
FOR	T MYERS FL 33907		-	34 Ci	h		85 2	Zip Code
			!		-		FL []	
office or r	to the provisions of Sections 607.0 registered agent, or both, in the Sta rn familiar with, and accept the obli	te of Florida. Such change was au	ithorized t	by the	mea corpo corporation	pration submits this statement for the purpor's board of directors. I hereby accept the	appointment a	s registered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:		gent sign	ature required		ATE	
12.		AND DIRECTORS	13.		 -	ADDITIONS/CHANGES TO OFFICE		
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NAME	COTTITI OCCIONA		12 NAM		Ì			
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CITY-ST-ZIP		☐ DELETE	6.1 TITL				☐ Char	nge Addition
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NAME emper annuese				EET ADD	RESS			Ì

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 changes, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #