PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000082450

| 1. Corporation JOSEPH | C. TRUNKETT ATTORNEY | AT LAW, P.A. | | | | | | | | |
|---|---|---|--|--|--|---|-----------------------------------|---|--|-----------------|
| Principal Place | e of Business | Mailing Address | | | | 1100110011001100110011001 | | | * | |
| 4425 SW 2ND / | AVE | 4425 SW 2ND AVE | | | | | | | | |
| CAPE CORAL FL 33914 CAPE CORAL FL 33914 | | | | | | DO NOT V | VRITE IN THIS | SPACE | | |
| | | | | | | 3. Date incorporated or Quali | | | | |
| | _ | | | | | 09/21/1998 | | | | |
| 2. Principal Pl | face of Business | 2a. Mailing Address | | | | 4. FEI Number | 30 | <u> </u> | plied For | |
| 21 | <u> </u> | 26 | <u>/</u> | | <u> </u> | 87-080-79 | <u> </u> | | Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certifcate of Status Desire | d 📮 | \$8.75 A Fee Re | | |
| 22 | | 27 | | | | | | | | |
| City & State | e | City & State | - | | | _6Election Campaign Financi Trust Fund Contribution | ng 🗆 | \$5,00 Added to | • | |
| 23 | Country | 28 | Count | hrv | | This corporation owes the | ourrant year in | | 7,000 | |
| Zip | [25] | <u> </u> | 30 | -, | | Personal Property Tax. | ourione your m | | □No | |
| 24] | 9. Name and Address of Current | | " T | - | | 10. Name and Address of No | w Registered | Agent | | |
| - | | | | 31 Na | me | | <u> </u> | | | |
| TRUI | nkett, joseph c | | L. | 32 Sh | | ess (P.O. Box Number Is Not Acc | antobla) | | | |
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| | | | L | | | | | 85 Zip C | `wla | |
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| SIGNATURE | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | | | ove-nam by the c | ned corpor corporation | | the purpose of scept the appo- | changing its intrant as reg | registered pistered | |
| SIGNATURE | Signature, typed or printed name of registered agent | t and title if applicable, (NOTE: R | Consistenced Ac | ove-nam by the c | ned corpor corporation | when reinstating) | the purpose of cept the appo- | | | (80 |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS ANI | it and title if applicable. (NOTE: R | 13. | ove-nan by the c es. | ned corpor corporation | | the purpose of cept the appo- | ND DIRECTO | | 11/98) |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS AN | t and title if applicable, (NOTE: R | 13. | ove-namely the ces. | ned corpor corporation | when reinstating) | the purpose of cept the appo- | | RS IN 12 | 4 (11/98) |
| SIGNATURE 12. TITLE NAME | Signature, typed of printed harns of registered agent OFFICERS ANI D TRUNKETT, JOSEPH C | it and title if applicable. (NOTE: R | 13. 1.1 TTLE | ove-namely the cess. | ned corporation | when reinstating) | the purpose of cept the appo- | ND DIRECTO | RS IN 12 | F034 (11/98) |
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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 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.

6.3 STREET ADDRESS

SIGNATURE

STREET ADDRESS

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9/11/55 Daytime Phone I

FILED Apr 19, 1999 8:00 am Secretary of State

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