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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000084577

Principal Place of Business

WILLIAM J. HUDSON, P.A.

CAPE CORAL R		CAPE CORAL FL 33909								
							DO NOT WRI		S SPACE	<u> </u>
	· .					3. Date Incorporate 10/01/1998	ed or Qualifed			
2. Principal P	face of Business	2a. Mailing Address				4. FEI Number				Applied For
21	<i>t</i>	26				65-08664	166			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	*					П	\$8.7	5 Additional
22		27				5. Certifcate of Sta	tus Desired	Ц	Fee	Required
City & Stat	e	City & State				6. Election Campai	ign Fináncing		\$5.0	0 May Be
23		28				Trust Fund Cont	ribution			ed to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation	owes the curi	ent year Ir	ntangible	,
24	. 25	29	30			Personal Proper	ty Tax.	•	Yes	□No
	9. Name and Address of Curre	nt Registered Agent			•	10. Name and Add	ress of New I	Registered	Agent	
HIID	SON, WILLIAM J	ARTECLES	1	81	Name					
VIII. 1710	1 PLEASURE ROAD		Ī	82	Street Addre	ess (P.O. Box Number	is Not Accept	able)		on, spanie Serviție
CAP	E CORAL FL 33909		Ī	83					A STATE OF THE STA	A STATE OF THE STA
		•	1	84	City	A STATE OF THE STATE OF	्का हार्ड के का •	FI		ip Code
44 Digregant	1. 11 - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	00 CO7 4500 FIId- C4-4	tes, the ab	ove-	-named corpo	ration submits this sta	tement for the	purpose o	of changing	its registered registered
office or i agent. I a	to the provisions of Sections 607.056 registered agent, or both, in the State im familiar with, and accept the obligations.	ations of, Section 607.0505, Flo	orida Statut	tes.			: ,		Jinameni a.	
agent. I a	m familiar with, and accept the obligations of the manner of registered age	ations of, Section 607.0505, Flo	orida Statut E: Registered A	tes		when reinstating) (, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	: .	DATE		
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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 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TOP FOREST FOR

CAPP CORNIE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition

FILED

Jan 26, 1999 8:00am

Secretary of State

01-26-1999 90024 037 ***150.00