FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000088329

DAVID J.	. Labonge, Inc.						
Principal Place	e of Business	Mailing Address				(8)	11010 1011 1001
·		15190 PORTSIDE DR.					
15190 PORTSIDE DR. 15190 PORTSIDE DR. FT. MYERS FL 33908 FT. MYERS FL 33908						·	
					DO NOT WRITE IN TI	IS SPACE	
					3. Date Incorporated or Qualifed		į
					10/15/1998		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		plied For
21		26			65-0870377		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$ 8.75 Fee Re	Additional
22		27					<u> </u>
City & State	ie .	City & State			6. Election Campaign Financing	\$5.00 Added 1	- 1
23	Country	28 7in	Cour	tn.	Trust Fund Contribution		
Zip	Country	Zip	30	u y	This corporation owes the current year Personal Property Tax.	Yes	□No
24	9. Name and Address of Curr		30		10. Name and Address of New Register		
	3. Name and Address of Odi	cht registeres Agent		B1 Name	-		_
LABO	ONGE, DAVID J		Ļ			_	
	90 PORTSIDE DR.			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
FT. N	MYERS FL 33908		F	83			
				84 City	ŗ	E 85 Zip (Code
11 Dureupst	to the provisions of Sections 607 ()	502 and 607 1508 Florida Statute	es the ab	ove-named co	rnoration submits this statement for the nurnose	of changing its	registered
office or r	registered agent, or both, in the Star im familiar with, and accept the obli	te of Florida. Such change was al	utnonzea	ov tne comora	tion's board of directors. I hereby accept the ap	pointment as re	gistered
agent. i a	in talling that, and accept the con-	ganorio or, cooudir correct, ris-			•		
SIGNATURE					ired when reinstation) DATE	_	
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE:	Registered a		ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		DRS IN 12
SIGNATURE	Signature, typed or printed name of registered a			Agent signature requ	,		DRS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered a OFFICERS	egent and title if applicable. (NOTE:	13.	gent signature requ	,	AND DIRECTO	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J	egent and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NAI	egent signature requ E	,	AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS D LABONGE, DAVID J 15190 PORTSIDE DR.	egent and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NAI 1.3 STR	Agent signature requ LE AE AEET ADDRESS	,	AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J	agent and title if applicable. (NOTÉ: AND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT	Agent signature required. E ME REET ADDRESS V-ST-ZIP	,	AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered a OFFICERS D LABONGE, DAVID J 15190 PORTSIDE DR.	egent and title if applicable. (NOTE:	13. 1.1 TITI 1.2 NAJ 1.3 STF 1.4 CIT 2.1 TITI	Gent signature required. E ME REET ADDRESS 7-ST-ZIP E	,	AND DIRECTO ☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	agent and title if applicable. (NOTÉ: AND DIRECTORS DELETE	13. 1.1 TITI 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Agent signature required. AE AE AE AE AF	,	AND DIRECTO ☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	agent and title if applicable. (NOTÉ: AND DIRECTORS DELETE	13. 1.1 IIII 1.2 NAI 1.3 STF 1.4 CIT 2.1 IIII 2.2 NAI 2.3 STF	AGE ADDRESS V-ST-ZIP REET ADDRESS REET ADDRESS	,	AND DIRECTO ☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	agent and title if applicable. (NOTÉ: AND DIRECTORS DELETE	13. 1.1 IIII 1.2 NAI 1.3 STF 1.4 CIT 2.1 IIII 2.2 NAI 2.3 STF	Agent signature required. E AE EEET ADDRESS Y-ST-ZIP AE EEET ADDRESS Y-ST-ZIP	,	AND DIRECTO ☐ Change	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TIT	E AE EEET ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP	,	AND DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CI 3.1 TIT 3.2 NAI	E AE EEET ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP EEET ADDRESS	,	AND DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CI 3.1 TIT 3.2 NAI 3.3 STF	AGE TADDRESS Y-ST-ZIP REET ADDRESS Y-ST-ZIP REET ADDRESS Y-ST-ZIP REET ADDRESS	,	AND DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CI 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 3.4 CIT	AGE REET ADDRESS Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP LE AE REET ADDRESS Y-ST-ZIP	,	AND DIRECTO	Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CI 3.1 TIT 3.2 NAI 3.3 STF 3.4 CIT 4.1 TIT	AGE TADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP EARET ADDRESS Y-ST-ZIP EARET ADDRESS Y-ST-ZIP EARET ADDRESS Y-ST-ZIP	,	AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAV 4.2 NAV 4.1 TIT 4.2 NAV 4.3 NAV 4.3 NAV 4.1 TIT 4.2 NAV 4.3 NAV 4.1 TITI 4.2 NAV 4.1 TITI 4.2 NAV 4.3 NAV 4.1 TITI 4.2 NAV 4.3 NAV 4.1 TITI 4.2 NAV 4.1 TITI 4.2 NAV 4.1 TITI 4.2 NAV 4.1 TITI 4.2 NAV 4.3 NAV 4.	Agent signature required. E. A.E. E.E.E.T. ADDRESS (*-ST-ZIP) E. E. E.E.T. ADDRESS (*-ST-ZIP) E. E. E.E.T. ADDRESS (*-ST-ZIP) E. E	,	AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 4.4 CIT 4.1 TIT 4.2 NAV 4.3 STF	AGENT SIGNATURE FEQUE AE A	,	AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	agent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE	13. 1.1 TIT 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2.4 CIT 3.1 TIT 3.2 NAV 3.3 STF 4.4 CIT 4.1 TIT 4.2 NAV 4.3 STF	AGE ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP	,	AND DIRECTO Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered a OFFICERS J D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TIT 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF 2.4 CIT 3.1 TIT 3.2 NA 3.3 STF 3.4 CIT 4.1 TIT 4.2 NA 4.3 STF 4.4 CIT 4.4 CIT 4.4 CIT 4.5 TIT 4.4 CIT 4.5 TIT 4.5 TIT 4.4 CIT 4.4 CIT 4.4 CIT 4.5 TIT 4.4 CIT 4.4 CIT 4.4 CIT 4.5 TIT 4.4 CIT 4.4 CIT 4.5 TIT 4.4 CIT 4.4 CIT 4.5 TIT 4.5 TIT 4.4 CIT 4.4 CIT 4.5 TIT 4.5 TIT 4.4 CIT 4.5 TIT 4.5	AGE ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP E	,	AND DIRECTO Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TIT 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 3.2 NAV 3.3 STF 3.4 CIT 4.1 TIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAV 5.3 NAV 5.4 TIT 5.2 NAV 5.4 TIT 5.2 NAV 5.4 TIT 5.2 NAV 5.4 TITI 5.2 NAV 5.4 TITI 5.2 NAV 6.1 TITI 6.2 NAV 6.1 TITI 6.3 NAV 6.1 TITI 6.3 NAV 6.1 TITI 6.3 NAV 6.3 TITI 6	AGE ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP E	,	AND DIRECTO Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CCF 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 4.5 STF 4.4 CTF 5.1 TIT 5.2 NAI 5.3 STF	AGENT ADDRESS ACTOR ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE	13. 1.1 TIT 1.2 NAI 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CCF 3.1 TITI 3.2 NAI 3.3 STF 4.4 CIT 4.2 NAI 4.5 STF 4.4 CTF 5.1 TIT 5.2 NAI 5.3 STF	AGENT SIGNATURE FEQUE AGENT ADDRESS Y-ST-ZIP	,	AND DIRECTO Change Change Change	Addition Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LABONGE, DAVID J 15190 PORTSIDE DR. FT. MYERS FL 33908	egent and title if applicable. (NOTE: AND DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TIT 1.2 NAV 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 3.2 NAV 3.3 STF 4.4 CIT 4.1 TIT 4.2 NAV 4.3 STF 4.4 CIT 5.1 TIT 5.2 NAV 5.3 STF 5.4 CIT 5.4 CIT	AGENT ADDRESS AFET	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO Change Change Change	Addition Addition Addition Addition Addition

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 injusticity 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 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 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 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 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 supplied with the information indicated on this annual report or supplied with the information indicated on the same legal effect as if made under on the information indicated on the informat

SIGNATURE:

STREET ADDRESS

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90057 045 ***150.00