

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90005 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000089123			
1. Corporation Name PETTY-KIRKLAND, INC.			
Principal Place of Business 32 CADDY ROAD ROTONDA WEST FL 33947		Mailing Address 32 CADDY ROAD ROTONDA WEST FL 33947	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 8201 S Tamiami Tr. Suite, Apt. #, etc. 22 Space 69 City & State 23 Sarasota FL Zip 24 34238		2a. Mailing Address 25 8201 S Tamiami Tr. Suite, Apt. #, etc. 26 Space 69 City & State 27 Sarasota FL Zip 28 34238	
29. Name and Address of Current Registered Agent WACHTER, ROBERT 32 CADDY ROAD ROTONDA WEST FL 33947		3. Date Incorporated or Qualified 10/16/1998 4. FEI Number 65-6876765 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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, to 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 Sally B. Barlow 07/13/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS TITLE D NAME WACHTER, ROBERT STREET ADDRESS 32 CADDY ROAD CITY-ST-ZIP ROTONDA WEST FL 33947 TITLE OFFICER NAME SALLY B BARLOW STREET ADDRESS 5209 FAR OAK CR. CITY-ST-ZIP Sarasota, FL 34238 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 an attachment with an address. SIGNATURE: Sally B. Barlow SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 07/13/99 941-924-6623 Date Daytime Phone #			

CRZE034 (5/99)