

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90088 009 ***158.75

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DOCUMENT # P98 000090990

1. Corporation Name

EXIT IS COMMERCIAL CORPORATION

Principal Place of Business

4500 EXECUTIVE DRIVE

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/26/98

4. FEI Number

59-3554974

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

□ Yes

□ No

2. Principal Place of Business

4500 EXECUTIVE DRIVE

2a. Mailing Address

4500 EXECUTIVE DRIVE

Suite, Apt. #, etc.

SUITE 300

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

25

30

USA

27

SUITE 300

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

28

SUITE 300

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

29

SUITE 300

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

30

SUITE 300

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

31

SUITE 300

City & State

NAPLES FLORIDA

Zip

34119

Country

USA

32

SUITE 300

City & State

NAPLES FLORIDA

NAPLES - LAW DOCK INC.
4501 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34119

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, in 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME ROBERT S. HAROY
1.3 STREET ADDRESS 10641 Airport Road North #32
1.4 CITY-ST-ZIP NAPLES FL 34109

2.1 TITLE DIRECTOR ☐ Change ☒ Addition
2.2 NAME ROBERT S. HAROY
2.3 STREET ADDRESS 10641 Airport Road North #32
2.4 CITY-ST-ZIP NAPLES FL 34109

3.1 TITLE SECRETARY ☐ Change ☒ Addition
3.2 NAME JANET KELLY
3.3 STREET ADDRESS 4500 EXECUTIVE DRIVE #300
3.4 CITY-ST-ZIP NAPLES FL 34119

4.1 TITLE TREASURER ☐ Change ☒ Addition
4.2 NAME JANET KELLY
4.3 STREET ADDRESS 4500 EXECUTIVE DRIVE #300
4.4 CITY-ST-ZIP NAPLES FL 34119

5.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
5.2 NAME R. PAUL HAROY
5.3 STREET ADDRESS 4500 EXECUTIVE DRIVE #300
5.4 CITY-ST-ZIP NAPLES FL 34119

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

JANET KELLY TREASURER

4/22/99

Date

(941) 552-9061

Daytime Phone #

CR2E034 (11/98)