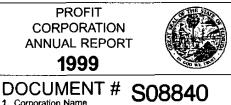
CR2E034 (11/98)

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

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90247 011 \*\*\*150.00

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RETAINE	ers plus inc.						
Principal Place	e of Business	Mailing Address			# INVITABLE IST ONT OF LOUD IS A STATE OF THE CONTRACT OF THE	. 811 61611 91911 81911 9	.001 11010 1101.
18576 WINTER HAVEN RD FT MYERS FL 33912 FT MYERS FL 33912				DO NOT WRITE IN T	HIS SPACE		
					3. Date Incorporated or Qualifed		
					09/21/1990		
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number	Apr	plied For
21		26			65-0231843	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	Мау Ве
23		28			Trust Fund Contribution	Added to	<u>s Fees</u>
Zip	Country	Zip	Country		8. This corporation owes the current year		<b>w</b> f
24		29	30		Personal Property Tax.  10. Name and Address of New Register		<b>⊠</b> No
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	eu Agent	
MOE	RRISON, CANDY						
	76 WINTER HAVEN RD		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	AYERS FL 33912		83				
	112.0012						
			84	City		<b>=L</b>  85   Zip □	lode
office or re agent, I as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Flo	uthorized by t rida Statutes.	the corporatio	oration submits this statement for the purposi on's board of directors. I hereby accept the ap	ppointment as reg	jistered 
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1.1 TITLE			Change	Addition
NAME .	MORRISON, CANDY L.		1.2 NAME				
STREET ADDRESS	18576 WINTER HAVEN RD		1.3 STREET	ADORESS			
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY- ST	- ZIP		☐ Change	
TITLE	V	☐ DELETE	2.1 TITLE			□ change	
NAME.	MORRISON, JOSHUA M.		2.2 NAME				
STREET ADDRESS	18576 WINTER HAVEN RD.		2.3 STREET	ADDRESS			
CITY-ST-ZIP	FT. MYERS FL	— Decient	2. 4 CITY-ST	r-zip		☐ Change	Addition
TITLE	ST	☐ DELETE	3.1 TITLE			change	
NAME	MORRISON, JON M.		3.2 NAME	4DDDE00			
STREET ADDRESS	18576 WINTER HAVEN RD.	•	3.3 STREET				
CITY-ST-ZIP TITLE	FT. MYERS, FL	☐ DELETE	3.4. CITY-ST 4.1 TITLE	1-41		☐ Change	Addition
			4 2 NAME			_ ,	
NAME expect apopted			4.3 STREET	ADDRESS			
STREET ADDRESS	•		4.4 CITY-ST	i i			
City-St-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST	-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	-			
STREET ADORESS			6.3 STREET	ADDRESS			
	1			ı			

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. CITY-ST-ZIP

SIGNATURE:

¿Candy: Morrison