

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
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90002 046 ****150.00

DOCUMENT # S09056
Corporation Name
ARKWAY FINANCIAL CENTER, INC.



Principal Place of Business
GOODLETTE ROAD
700
NAPLES FL 34102

Mailing Address
2150 GOODLETTE ROAD
SUITE 700
NAPLES FL 34102
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
29

3. Date Incorporated or Qualified
10/23/1990

4. FEI Number
65-0154647

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
STONEBURNER, KEVIN L.
2150 GOODLETTE RD
SUITE 700
NAPLES FL 34102

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

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
STREET ADDRESS ST- ZIP	D STONEBURNER, KEVIN L. 1447 GALLEON DRIVE NAPLES FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST- ZIP	D LOGFREN, DARLENE S. 3443 RUM ROW NAPLES FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST- ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST- ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST- ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST- ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
1-18-99 941-644-8700
Date Daytime Phone #

CR2E034 (11/98)