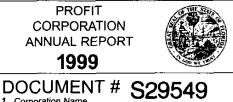
CARL H. WINSLOW, JR., P.A.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90005 041 \*\*\*550.00

Principal Place of Business Mailing Address							7811 91911		<b>.</b> ,	
2256 HEITMAN ST						DO NOT WRITE IN THIS	SPACE	<u>=</u>		
						Date Incorporated or Qualifed     02/05/1991				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		App	lied For	
<u> </u>		26				65-0250200		Not	Applicable	
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired S8.75 Additional Fee Required  6. Election Campaign. Financing Trust Fund Contribution Added to Fees				
		City & State								
Zip	Country	Zip	Co	ıntry		8. This corporation owes the current year Int	angible			
24	25	29	30			Personal Property Tax.	☐ Yes	s [	□No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered	Agent			
				81	Name					
	SLOW, CARL H., JR. ? Houston dr			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
FT. I	MYERS FL 33901			83						
				84	City		85	Zip C	ode	
				<u>L.</u>		FL poration submits this statement for the purpose of	بلسلع			
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig  Signature, typed or printed name of registered ag	ations of, Section 607.0505, Fi	lorida Sta	lutes.		on's board of directors. I hereby accept the appoint of the control of the contro				
12.	, ,,,		13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIR	CTOF	RS IN 12	
TITLE	DPT	☐ DELETE	1.1 T	ITLE			Ch	ange	☐ Addition	
NAME	WINSLOW, CARL H JR		12 N	AME						
STREET ADDRESS	1672 HOUSTON DR.		1.3 9	TREET	ADDRESS					
CITY-ST-ZIP	FT. MYERS FL		1,4 0	ITY-SI	r-ZIP					
TITLE		☐ DELETE					Ch	ange	Addition	
NAME			2.2 N	AME						
STREET ADDRESS			2.3 5	TREET	ADDRESS					
CITY-ST-ZIP			2.40	CITY-S	T-ZIP					
TITLE		OELETE	31 T				Ch	ange	☐ Addition	
NAME			321	AME	-					
STREET ADDRESS			3.3 \$	TREET	ADDRESS			_	- <u>r</u>	
CITY-\$T-ZIP			3.4. (	CITY-S	T-ZIP					
TITLE		DELETE	4.1 T	ITLE			☐ Ch	ange	☐ Addition	
NAME	i		4.21	NAME						
STREET ADDRESS			4.3 5	TREET	ADDRESS					
CITY-ST-ZIP			4.4 0	ITY-SI	r-ZiP					
TITLE		DELETE	5.1 T	ITLE			Ch	ange	☐ Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 8	TREET	ADDRESS					
CITY-ST-ZIP		•	5.4 0	тү- ѕ	T-ZIP					
TITLE	·	☐ DELETE	6.1 T	ITLE			Ch	ange	Addition	
NAME			6.2 N	IAME						
STREET ADDRESS			6.3 5	TREET	ADDRESS				ł	
CITY-ST-ZIP		. /	6.4 0	ITY-S	T-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 treate 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 accument with an address, with all other like empowered.

SIGNATURE:

AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #