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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

Principal Place of Rusiness

NTY, INC.

DOCUMENT # **S42965**



SUN COAST PLASTERING AND STUCCO OF CHARLOTTE COU

Mailing Address

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 90016 015 ***150.00

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23415 JANICE A	AVE	PO BOX DRAWER 511447 PUNTA GORDA FL 33951								
UNIT 26	ADDOD EL 20003				DO NOT WRIT	E IN THIS	SPACE			
US CHARLOTTE MA	ARBOR FL 33983	US				3. Date Incorporated or Qualifed				
00						04/03/1991				
2 0-111 0	lace of Business	2a. Mailing Address				4. FEI Number		$ \top$ τ	Applied For	
	lace of Business	—				65-0253161			Not Applicable	
21		26 Cuito Apt # oto				00 0200101			Additional	
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.			Certificate of Status Desired			Required	
22		City R State				a SI di Consider Sinancian				
City & State	e	→ · · · · · · · · · · · · · · · · · · ·	City & State			6. Election Campaign Financing Trust Fund Contribution		•	May Be d to Fees	
23	Country	28	<u> </u>			ent voor Into		10100		
Zip	Country	} 1	, ''			8. This corporation owes the current year Intangible				
24	[25]	29	30	_		Personal Property Tax. 10. Name and Address of New R				
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New A	egistered r	· year		
HACI	KETT, JACK O II			"	Hallie					
	W OLYMPIA AVE			82	Street Add	dress (P.O. Box Number is Not Accepta	ble)			
	TA GORDA FL 33950			83						
				84	City		FL	85 Zip	p Code	
				<u> </u>				1	ita anaista mad	
11. Pursuant office or re agent. La	to the provisions of Sections 607.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	and 607.1508, Florida Stat Florida. Such change was ons of, Section 607.0505, F	utes, the a authorized lorida Stat	d by i utes.	he corpora	rporation submits this statement for the tion's board of directors. I hereby accept	t the appoin	itment as	registered	
SIGNATURE						in Junea minutatina)	DATE			
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.		signature requi	ired when reinstating) ADDITIONS/CHANGES TO OF		D DIRECT	FORS IN 12	
	Y	DELETE	1.1 Ti	_	i	7,8811.6116.61.811626.16.61		Change		
TITLE	PD LOWE MATER D		1.2 N						_	
NAME	LOWE JAMES R									
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL	☐ DELETE		<u> </u>	-ZIP			Change	e	
TITLE	VD		2.1 1							
NAME	LOWE DIANE		2.2 N						<u>{</u>	
STREET ADDRESS	31720 WASHINGTON LOOP RD		2.3 \$	TREET	ADDRESS				Į.	
CITY-ST-ZIP	PUNTA GORDA FL			ЛТY-\$	T-ZIP				- Addition	
TITLE	TD	☐ DELETE	3.1 TI	ITLE				Change	e 📋 Addition	
NAME	SMITH, DOUGLAS		3.2 N	AME						
STREET ADDRESS	27427 SUNSET DR		3.3 S	TREET	ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL		3.4. 0	77Y-S	r-ZIP					
TITLE	V	☐ DELETE	4.1 Ti	TLE.]			Chang	e 🗌 Addition	
NAME	CAPPS, GEORGE T 111		4.21	AME						
STREET ADDRESS	4040 FLAMINGO BLVD		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL	,	4.4 C	ITY-S1	- ZIP					
TITLE	VP	DELETE	5.1 T		i			Chang	e 🗀 Addition	
NAME	DAVIES, DIA	1	5.2 N	AME						
STREET ADDRESS			5.3 \$	TREET	ADDRESS					
	CHARLOTTE HARBOR FL 33980			ITY-S1						
CITY-ST-ZIP	CHARLOTTE HARBON TE 33900	☐ DELETE	6.1 TI				**	Change	e	
			6.2 N		1			- •	}	
NAME	İ				ADDRESS					
STREET ADDRESS	I		0.00	THEFT					- (

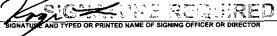
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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, eres an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



Daytime Phone #