FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90038 006 \*\*\*150.00

## 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** 

## DOCUMENT # CAA

<ol> <li>Corporation</li> </ol>	AND SURVEY CO., INC.	+									11821 <b>21821 218</b>	11 <b>818</b> 11 <b>818</b> 11 1881 1	
Principal Place of Business Mailing Address									e immitimite ret mimit mitmes etrim			14 B1811 B1811 1881	
13591 MCGREGOR BLVD 13591 MCGREGOR BLVD													
SUITE 21 SUITE 21									DO NOT WE	ITE IN TUIC	CDACE	•	
FT MYERS FL 33919 FT MYERS FL 33919								_	DO NOT WRITE IN THIS SPACE				
								3.	. Date Incorporated or Qualifed	,			
		[ n-	A 4 - 101 A -4-	4					04/10/1991 FEI Number			Applied For	
<b>—</b>	lace of Business	$\vdash$	Mailing Add	iress				-				Not Applicable	
21	# -1-	26	Suite, Apt.	# etc				+	65-0262529			Additional	
Suite, Apt.	#, etc.	أحمأ	Suite, Apt.	т, екс.			* . *	_5	. Certifcate of Status Desired	. 🖵 🕳		Required	
22	د رز چې معین معین میست	27	City & Stat	e				-	. Election Campaign Financing	•	\$5 A	0 May Be	
23		28	,	-				"	Trust Fund Contribution			d to Fees	
Zip	Country	201	Zip		Count	try		8	. This corporation owes the cu	rent vear In			
24	25	29	•	31	0	·			Personal Property Tax.	, ,	Yes	XNo	
<u>  </u>	9. Name and Address of Curre		tered Agent	<del></del>	<del>'</del>	_		10	. Name and Address of New	Registered	Agent		
					8	31	Name						
SCHUMANN, RONALD L.					5	32	Street Add	ress (	P.O. Box Number is Not Accep	table)			
13591 MCGREGOR BLVD					`	-	Oli Çel Mad	1 655 (					
SUITE 21					[	33							
FT MYERS FL 33919					-	34	City				85 Zi	p Code	
						2	City			FL	_	,	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	a of Florin	da. Such cha	nge was auth	norized b	ov t	-named con the corporati	poration's b	on submits this statement for the loard of directors. I hereby acce	e purpose of opt the appo	changing intment as	its registered registered	
SIGNATURE	· · · · · ·												
OIGINATURE	Signature, typed or printed name of registered ag			(NOTE: Re	<u> </u>	gent	signature requir			DATE			
12.	OFFICERS A	ND DIRE		<del></del>	13.				ADDITIONS/CHANGES TO O	FFICERS A			
ΠLE	D			DELETE	1.1 TITU	E					Chang	e 🗌 Addition	
NAME	SCHUMANN, RONALD L				1.2 NAM	E							
STREET ADDRESS	13591 MCGREGOR BLVD.,STI	E. 21			1.3 STRI	EET,	ADDRESS						
CITY-ST-ZIP	FT MYERS FL 33919				1,4 CITY		-ZIP					a	
TITLE			ليا	DELETE	2.1 TITL	E					Chang	e	
NAME					2.2 NAM	E							
STREET ADDRESS					2.3 STRI	EET	ADDRESS						
CITY-ST-ZIP	·	-		· · · · · ·	2.4 CIT		r-ZIP -	- •	**************************************	·	- Chone	e Addition	
TITLE			П	DELETE	3.1 TITL						☐ Chang	c Uvanati	
NAME					3.2 NAM	_							
STREET ADDRESS	٠				3.3 STR	EET.	ADDRESS						
CITY-ST-ZIP				DELETE	3.4. CIT		r-ZIP [				Chang	e Addition	
TITLE			Ц	DELETE	4.1 TITL						□ chang		
NAME					4. 2 NAM								
STREET ADDRESS							ADDRESS						
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TITLE · ]			Ц	OCTE I C	5.1 TITL 5.2 NAM								
NAME					ı		ADDRESS						
STREET ADDRESS					6								
CITY-ST-ZIP				DELETE	5.4 CITY 6.1 TITU		*21F				[] Chang	e 🗀 Addition	
TITLE				DELETE	6.2 NAM						vnatig		
1	हर्मा है है ।				1		ADDRESS						
CTDEET ADDDECC	p s												

CITY-ST-ZIP: 3, 3 ورا مجارية 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 attemment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

941 481 2366 Daytime Phone #