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 # S66643

D.R. HERRIOTT, INC.

Principal	Place	of Bu	siness

Mailing Address

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

04-12-1999 90044 014 ***150.00



1237 ISABEL DRIVE 1237 ISABEL DRIVE SANIBEL FL 33957 SANIBEL FL 33957									
					3. Date Incorporated or Qualifed 07/17/1991	IS SPACE			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	A	pplied For		
21		26			65-0298592	N	ot Applicable		
Suite, Apt.	stc. Suite, Apt. #, etc.			_	5. Certificate of Status Desired \$8.75 Additional				
22		27			0. Solutions of States 11111		equired		
City & State	-	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees					
Zip	Country	Zip 3	Country	· · · · · · · · · · · · · · · · · · ·	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes	⊠ No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent			
	DIOTT DOUBLE C		81	Name					
HERRIOTT, DONALD R. 1237 ISABEL DRIVE			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
SAN	BEL FL 33957		83						
			84	City		L 85 Zip	Code		
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	nonzed by da Statutes	the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the apparent when reinstating) DATE	ointment as re	egistered		
	Signature, typed or printed name of registered agent		Ť	nt signature requi	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OTHER IN	[] Change	Addition		
TITLE	HERRIOTT, DONALD R.	_ belle.c	1.2 NAME						
NAME CTREET ADDRESS	1237 ISABEL DRIVE		1	T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	SANIBEL FL		1.4 CITY-S						
TITLE	D	☐ DELETE	2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	[] Change			
NAMÉ	HERRIOTT, KARIS S.		2.2 NAME						
STREET ADDRESS	1237 ISABEL DRIVE		2.3 STREE	TADDRESS					
CITY-ST-ZIP	SANIBEL FL		2. 4 CITY-	ST-ZIP	·				
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition		
NAME			3.2 NAME				}		
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-\$T-ZIP			3.4. CITY-	ST-ZIP	A PARAMETER AND A PARAMETER AN	=7.01			
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NAME			4. 2 NAME	ĺ					
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP		□ priete	4.4 CITY-5	T-ZIP		Change	Addition		
πLE		☐ DELETE	5.1 TITLE 5.2 NAME	ŀ		C change	LI AUGILOIT		
NAME				T ADDRESS			į		
STREET ADDRESS			5.4 CITY-5				ļ		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	, , - 4_H		Change	Addition		
TITLE			6.2 NAME		·				
NAME				T ADDRESS			{		
STREET ADDRESS	Strain Strain		6.4 CITY-5						
CITY-ST-ZIP	1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4		0.7 0111-0						

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.

SIGNATURE: