

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 # S73359

1. Corporation Name

C.R.N.A. SERVICES, INC.

Principal Place of Business

4775 WHISPERING PINE WAY
NAPLES FL 34103
US

Mailing Address

4775 WHISPERING PINE WAY
NAPLES FL 34103
US

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90108 034 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1991

4. FEI Number

59-3084140

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 389 Edgemere Way N.
Suite, Apt. #, etc.

2a. Mailing Address

26 389 Edgemere Way N.
Suite, Apt. #, etc.

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip

24 34105

Country

25 U.S.A.

Zip

29 34105

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WETHERINGTON, MEL C
4775 WHISPERING PINE WAY
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 389 Edgemere Way N.

84 City

NAPLES

FL

85 Zip Code

34105

11. 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

M. C. Wetherington

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/19/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
WETHERINGTON, JUDITH
STREET ADDRESS 4775 WHISPERING PINE WAY
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME T
WETHERINGTON, MEL C
STREET ADDRESS 4775 WHISPERING PINE WAY
CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

389 Edgemere Way N.
NAPLES, FL 34105

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

389 Edgemere Way N.
NAPLES, FL 34105

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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:

M. C. Wetherington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

DATE

941-261-5300

Daytime Phone #

CR2E034 (1/1/98)