04-20-1999 90283 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 # V53391**

DENNY I	KOLLMEYER AND ASSOCIA	ATES, INC.			
Principal Place	e of Business	Mailing Address		TO THE PROPERTY OF THE PARTY OF	41411 41411 41811 51411 41411 1=21
5155 1ST AVE SO			07	DO NOT WRITE IN THIS	S SPACE
	•			3. Date Incorporated or Qualifed 07/23/1992	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3134233	Not Applicable
Suite, Apt:	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip ·	Country	Zip	Country	8. This corporation owes the current year Ir	ntangible
24	25	29	[30]	Personal Property Tax.	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered	1 Agent
Cash RAHI	DERT, GEORGE K		OI Name	يا المالية ا	
	CENTRAL AVE	•	82 Street Add	tress (P.O. Box Number is Not Acceptable)	*
	ETERSBURG FL 33701		83		
B = C	2,2,1000110 12 00701		63		
	•		84 City	· · · · · FI	Zip Code
office or r	egistered agent, or both, in the State m familiar with, and accept the obligations. Signature, typed or printed name of registered age	ations of, Section 607.0505, FI	authorzed by the corporal		ontunent as registered
12.	OFFICERS AT				
		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	ND DIRECTORS	13. 1.1 ΠΠLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	D KOLLMEYER, DENNIS D.			ADDITIONS/CHANGES TO OFFICERS A	
	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S		1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	
-NAME	D KOLLMEYER, DENNIS D.	DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
NAME STREET ADDRESS	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S		1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	
NAME	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S	DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S	DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
NAME	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S	☐ DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
NAME	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S	DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition
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NAME	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S	DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
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TREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S	DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S	DELETE  DELETE	1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS A	☐ Change       ☐ Addition         ☐ Change       ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D KOLLMEYER, DENNIS D. 5155 FIRST AVE S	DELETE  DELETE	1.1 TITLE 1.2 NAME. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICERS A	☐ Change ☐ Addition     ☐ Change ☐ Addition     ☐ Change ☐ Addition     ☐ Change ☐ Addition

14. Thereby 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP