

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 1:55

DOCUMENT # N31105 (2)

1. Corporation Name

C-GULLS OF FORT MYERS, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/09/1989** 3a. Date of Last Report **03/22/1994**

4. FEI Number **NOT APPLICABLE** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

Principal Place of Business

Mailing Address

**26851 WEDGEWOOD DR
101
BONITA SPRINGS FL 33923
US**

**26851 WEDGEWOOD DR
101
BONITA SPRINGS FL 3392
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, WINFIELD
26851 WEDGEWOOD DR, APT 101
BONITA SPRINGS 33923**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP**
NAME **SHARA, JOSEPH**
STREET ADDRESS **4761 W. CANDLESTICK CT**
CITY-ST-ZIP **ESTERO FL**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **James Davis**
1.3 STREET ADDRESS **14660 Double Eagle Court**
1.4 CITY-ST-ZIP **Ft Myers, FL 33912** ☐ Change ☐ Addition

TITLE **DST**
NAME **SMITH, WINFIELD**
STREET ADDRESS **26851 WEDGEWOOD DR, APT 101**
CITY-ST-ZIP **BONITA SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **DV**
NAME **WELLS, BOB**
STREET ADDRESS **19681 SUMMERLIN RD.**
CITY-ST-ZIP **FT. MYERS FL**

3.1 TITLE **DV** ☒ Change ☐ Addition
3.2 NAME **Robert Wells**
3.3 STREET ADDRESS **2049 Aruba Avenue S.E..**
3.4 CITY-ST-ZIP **Ft Myers, FL 33905** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Winfield Smith

March 27, 1995 #813-495-0964