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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **P96000007710 (2)**

1. Corporation Name
ANTHONY CHARLES, INC.

Principal Place of Business	Mailing Address
17230 S. TAMIAMI TRAIL FORT MYERS FL 33908-4513	17230 S. TAMIAMI TRAIL FORT MYERS FL 33908-4554

3. Date Incorporated or Qualified: 01/24/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 16320 S. TAMIAMI TRL.
Suite, Apt. #, etc. 22: A20
City & State 23: FORT MYERS, FL
Zip 24: 33908 Country 25: USA

2a. Mailing Address
26: 16320 S. TAMIAMI TRL
Suite, Apt. #, etc. 27: A20
City & State 28: FORT MYERS, FL
Zip 29: 33908 Country 30: USA

4. FEI Number: 65-0635972 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NAVY, CHARLES A		1.2 NAME	
STREET ADDRESS	6061 PERTHSHIRE LANE		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908-4498		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NAVY, JOELENE A		2.2 NAME	
STREET ADDRESS	6061 PERTHSHIRE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33908-4498		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	NAVY, C. ANTHONY		3.2 NAME	
STREET ADDRESS	6893 HIGHLAND PARK CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912-5318		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	NAVY, JUNEMARIE M		4.2 NAME	
STREET ADDRESS	6893 HIGHLAND PARK CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912-5318		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Charles A. Navy Dir. CHARLES A. NAVY 1/27/97 (941) 489 4247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0399489