

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 305524 (1)

1. Corporation Name

WAVERLY OF LEE COUNTY INCORPORATED



Principal Place of Business

3350 N. KEY DR., APT. A301
N. FT. MYERS FL 33903

Mailing Address

3350 N. KEY DR., APT. A301
N. FT. MYERS FL 33903

3. Date Incorporated or Qualified
05/26/1966

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 18961 N. TAMPAWAT TRL
Suite, Apt. #, etc

26 18961 N. TAMPAWAT TRL
Suite, Apt. #, etc

22 # 252
City & State

27 # 252
City & State

23 N. FT. MYERS, FL
Zip

28 N. FT. MYERS, FL
Zip

24 33903

25 Lee

29 33903

30 Lee

4. FEI Number
59-1143925

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

BOIES, HARRY A
3350 N KEY DR #A301
N. FT. MYERS FL 33903

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 607.0602 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

(Signature field for registered agent)

(Signature field for corporation)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	☐ DELETE
NAME	BOIES, WILMA J	
STREET ADDRESS	3350 N KEY DR #A301	
CITY-STATE-ZIP	N. FT. MYERS FL	
TITLE	D	☐ DELETE
NAME	SMART, G G	
STREET ADDRESS	RT 17 BOX 246	
CITY-STATE-ZIP	FT MYERS, FL 00000	
TITLE	PD	☐ DELETE
NAME	BOIES, H A SR	
STREET ADDRESS	3350 N KEY DR #A301	
CITY-STATE-ZIP	N. FT. MYERS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	☐ Change ☐ Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	☐ Change ☐ Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	☐ Change ☐ Addition
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	☐ Change ☐ Addition
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 119.07(3)(b), 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:

(Signature of Wilma J. Boies)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-96

141-567-1360
Telephone Number

CR2E034 (12/95)