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Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 305524 (1)

1. Corporation Name
WAVERLY OF LEE COUNTY INCORPORATED



Principal Place of Business Mailing Address
18961 N. TAMiami TRAIL 18961 N. TAMiami TRAIL
#252 #252
N. FT. MYERS FL 33903 N. FT. MYERS FL 33903-1374
US US

3. Date Incorporated or Qualified 05/26/1966 3a. Date of Last Report 03/20/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1143925	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.03? 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	SEC - TREAS.
NAME	BOIES, WILMA J	1.2 NAME	WILMA J. BOIES
STREET ADDRESS	3350 N KEY DR #A301	1.3 STREET ADDRESS	18961 N. TAMiami #252
CITY - ST - ZIP	N. FT. MYERS FL	1.4 CITY - ST - ZIP	N. FT. MYERS, FLA. 33903
TITLE	D	2.1 TITLE	
NAME	SMART, G G	2.2 NAME	
STREET ADDRESS	RT 17 BOX 246	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	PRES.
NAME	BOIES, H A SR	3.2 NAME	HARRY A. BOIES
STREET ADDRESS	3350 N KEY DR #A301	3.3 STREET ADDRESS	18961 N. TAMiami #252
CITY - ST - ZIP	N. FT. MYERS FL	3.4 CITY - ST - ZIP	N. FT. MYERS, FLA. 33903
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: *Wilma J. Boies* - WILMA J. BOIES 3-1-97 941-567-1360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print Name)