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FILED

Jan 21 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 # 307055

(4)

1. Corporation Name  
MEDENWALD INCORPORATED



Principal Place of Business

2331-1 BRUNER LN  
FT MYERS FL 33912

Mailing Address

2331-1 BRUNER LN  
FT MYERS FL 33912-1984

3. Date Incorporated or Qualified  
07/12/1966

3a. Date of Last Report  
02/16/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number  
59-1145451

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

VOTAW, ROBERT W.  
2331-1 BRUNER LN  
FORT MYERS FL 33912

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

Signature: Type the printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE STD  
NAME VOTAW, ROBERT W, JR  
STREET ADDRESS 1240 WALES DRIVE  
CITY-ST-ZIP FORT MYERS, FLORIDA 00000

☐ DELETE

TITLE D  
NAME MEDENWALD, RHODA  
STREET ADDRESS BEACH PKWY  
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE V  
NAME VOTAW, ROBERT W, JR  
STREET ADDRESS 1240 WALES DRIVE  
CITY-ST-ZIP FORT MYERS, FLORIDA 00000

☐ DELETE

TITLE PD  
NAME MEDENWALD, GARY  
STREET ADDRESS 151 S.W. 51ST ST.  
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE VD  
NAME DELAGO, PIERRE  
STREET ADDRESS 7150 SHANNON BLVD  
CITY-ST-ZIP FT MYERS, FL 00000

☐ DELETE

TITLE V  
NAME VOTAW, ROBERT W, JR  
STREET ADDRESS 1240 WALES DR  
CITY-ST-ZIP FT MYERS FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

8000002066438  
-01/23/97--01080--010  
\*\*\*165.00

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:

R. W. Votaw R. W. Votaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-97 941 481 0230

Date

Daytime Phone #

0400286

CR2E034 (9/96)