

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 318029 (6)  
1. Corporation Name  
CONGER, INCORPORATED

FILED

97 AUG 15 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business  
20 GEORGETOWN  
~~PO BOX 60021~~  
FT MYERS FL 33906  
33919  
20 George Town

Mailing Address  
20 GEORGETOWN  
~~PO BOX 60021~~  
FT MYERS FL 33906  
33919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc. P.O. Box 60021  
22 City & State Ft. Myers FL  
23 Zip 33919 Country  
24 33919 25

2a. Mailing Address  
26 Suite, Apt. #, etc. PO Box 60021  
27 City & State Ft. Myers FL  
28 Zip 33919 Country  
29 33919 30

3. Date Incorporated or Qualified 06/21/1967  
3a. Date of Last Report 03/04/1996  
4. FEI Number 59-1209314  
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
CONGER, J W  
20 GEORGETOWN  
~~PO BOX 60021~~  
FORT MYERS FL 33906  
33919

10. Name and Address of New Registered Agent  
81 Name J W Conger  
82 Street Address (P.O. Box Number is Not Acceptable) 20 George Town P.O. Box 60021  
83 Ft. Myers FL.  
84 City FL 85 33919

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 provisions of section 607.0505, Florida Statutes.

SIGNATURE *Barbara J. Conger Sec.* 7/21/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	CONGER, J W	20 GEORGETOWN	FT. MYERS FL 33919	<input type="checkbox"/>
D	SMART, G G	1414 SE 17TH AVE.	CAPE CORAL FL	<input type="checkbox"/>
D	CONGER, BARBARA FAY	20 GEORGETOWN	FT. MYERS FL 33919	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		300002271623-14		<input type="checkbox"/>	<input type="checkbox"/>
		-08/19/97--01090--005		<input type="checkbox"/>	<input type="checkbox"/>
		****165.00		<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*

CR2E034 (4/97)

②

This is the first  
report form I have  
received, and maybe  
my fault, this is  
the zip code on this  
report 33811, which  
is wrong, I have  
corrected the inside  
information, Thanks

Barbara J.

I called +  
this is what  
the lady said do.

Congee  
See.