## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 449910

(9)

MCFADDEN & SPROWLS, INC.

Apr 29 1997 8:00am									
Secretary of State									

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Principal Plac 3701 TAMIAMI NAPLES FL-891 US		Mailing Address 3701 TAMIAMI TRL NO NAPLES FL 34103-3708 US			3. Date Incorporated or Qualified 3a. Date of Last Report			
]					04/08/1974		01/1996	•
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	_ <del></del>	<del></del>	Applied For
21 26								Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				F & Certificate of Status Desired 1 34 7			Additional Required	
City & Stat		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	ry	8. This corporation has liability for	intangible	alax under	ε. 199.032,
24 Zip 341	02 25	29	30	·			<b>∆</b> No	
	9. Name and Address of Current	Registered Agent		-T-N	10. Name and Address of New Re	gistered	Agent	
	OWLS, PAUL E		\*	1 Name				
3701 TAMIAMI TRL NO NAPLES FL 83940			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
144	LEGIT GOSTO		8	3	, , , , , , , , , , , , , , , , , , ,			
			\  -	4 City			95 70	Code
	18. <u>18. 18. 18. 18. 18. 18. 18. 18. 18. 18. </u>					FL	-    :	24100
11. Pursuant office or a scent. I s	to the provisions of Sections 607.0502 registered agent, or both, in the State of am tabiliar with, and accept the obligat	and 607,1508, Florida Statu Florida, Such change was ons of Section 607,0505, Fl	tes, the abo authorized lorida Statut	ive-named cor by the corpora es.	poration submits this statement for the patient's board of directors. I hereby accept	ot the app	pointment a	its registered s registered
SIGNATURE	P.	U_I			4/29	19.	フ	
	Signature, typed or printed name of registered agent			igent signature requ	rired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFIC	JEHS AN	D DIRECTO	
TITLE	SPROWLS, PAUL E.	[ ] DELETE	1.1 11TU 1.2 NAM				F. Al ∩uguña	LT VOOITION
STREET ADDRESS 1000 ORIOLE CIRCLE				ET ADDRESS				
CITY-ST-ZIP	NAPLES FL		1	· ST- ZIP			, 3	14105
TITLE	V	DELETE	2.1 1011				Change	
NAME	BEDDALL, WALTER D. J	<u>-</u>	2.2 NAM					
STREET ADDRESS	17620 HERON LANE		2 3 S1RI	ET ADDRESS	V 18		~	Page
CITY-ST-ZIP	FT MYERS FL		2 4 Cili	(-\$T- <b>Z</b> IP				0000
TITLE	PD	DELETE	3.1 1/TL				Change	Addition
NAME	WARNKEN, GERALD F.		3.2 NAM	Ē .				
STREET ADDRESS	930 NOTTINGHAM DRIVE		3.3 STRE	F1 ADDRESS			,	SHINA
CITY-ST-ZIP	NAPLES FL			(-ST-ZIP				ノコレゴ
TITLE	CARD MICHAEL A	DELETE	4.1 1171	Y			Change	Addition
NAME	CARR, MICHAEL J. 11466 LONGSHORE WAY WEST		4 2 NAM	·				_
STREET ADDRESS	NAPLES FL			ET ADDRESS			2	34119
CITY-ST-ZIP	VD VD	DELFTE		-ST-ZIP			/ "	Addition
TITLE	OYER, STEVEN	LT DELLIE	5.1 TITLE	1			Onange	AUUNIUN
STREET ADDRESS	720 ROCKPORT COURT		5.2 NAM	í				A
]	MARCO ISLAND FL			ET ADDRESS				34145
CITY-ST-ZIP	S S	DELETE	5.4 CHY 6.1 THU	- ST - ZIP			Change	Addition
1	SPROWLS, ANN C		1	1			EJ Undilys	- Addition
NAME STREET ADDRESS	1000 ORIOLE CIR		6.2 NAM				_	4
SIRCEI ADDRESS	NAPIES EI		0.3 8181	E1 ADDRESS			3	34105

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 eath; 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.