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Mar 13 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 # 586290

(9)

1. Corporation Name  
FINANCIAL STRATEGIES, INC.



Principal Place of Business

241 MARIANA AVE NE  
P.O. BOX 1673  
FORT MYERS FL 33902

Mailing Address

241 MARIANA AVE NE  
P.O. BOX 1673  
FORT MYERS FL 33902-1673

2. Principal Place of Business

21 Suite, 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

3. Date Incorporated or Qualified  
09/13/1978

3a. Date of Last Report  
04/24/1996

4. FEI Number  
59-1955850

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

GERALD, LYNN JR.  
2548 FIRST STREET  
FORT MYERS, FL CDFL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11.1 TITLE ☐ DELETE

NAME  
GERALD, LYNN JR.  
2548 FIRST STREET  
FORT MYERS FL

11.2 TITLE ☐ DELETE

NAME  
PERDUE, GERALD A  
241 MARIANNA AVE NE  
N FORT MYERS FL

11.3 TITLE ☐ DELETE

NAME

11.4 TITLE ☐ DELETE

NAME

11.5 TITLE ☐ DELETE

NAME

11.6 TITLE ☐ DELETE

NAME

11.7 TITLE ☐ DELETE

NAME

11.8 TITLE ☐ DELETE

NAME

11.9 TITLE ☐ DELETE

NAME

11.10 TITLE ☐ DELETE

NAME

11.11 TITLE ☐ DELETE

NAME

11.12 TITLE ☐ DELETE

NAME

11.13 TITLE ☐ DELETE

NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-ST-ZIP

21.1 TITLE ☐ Change ☐ Addition

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-ST-ZIP

31.1 TITLE ☐ Change ☐ Addition

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY-ST-ZIP

41.1 TITLE ☐ Change ☐ Addition

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY-ST-ZIP

51.1 TITLE ☐ Change ☐ Addition

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY-ST-ZIP

61.1 TITLE ☐ Change ☐ Addition

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY-ST-ZIP

14. I declare by certifying 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 included 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:

Gerald Perdue  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97

941-997-5526

CR2E034 (9/96)