| COF<br>ANNI   | ILE NOW: FILI<br>PROFIT<br>RPORATION<br>JAL REPORT<br>1997   |  | FL                                  | ORIDA DEPAF<br>Sandra B   | RTMENT OF S<br><b>B. Mortham</b><br>ary of State   | STATE   |                                     |  | r 21                                  |   | 7 8:(                          |   |
|---|--|--|-------------------------------------|---|--|---|-------------------------------------|--|---------------------------------------|---|--------------------------------|---|
| JOHNNY  | MENT # 60<br>MYERS USED T  |  | Mailing Ad                          | (0)   |  |   |                                     |  |                                       |   |                                |   |
| Principal Place of Business     Mailing Address       4248 FOWLER ST.     12670 NEW BRITTANY BLVD.  |  |  |                                     |   |  |   |                                     |  |                                       |   |                                |   |
| ft myers fl   | 33901  |  |                                     | FL 33907-3650   | )  |   |                                     |  |                                       |   | _                              |   |
|   |  |  | US                                  |   |  |   |                                     | 3. Date Incorport<br>01/23/1979  |                                       |   | ate of Last R                  | leport  |
| 2. Principal P  | lace of Business   |  | 2e. Mailing                         | Address   |  |   |                                     | 4. FEI Number  |                                       | ////  |                                | oplied For  |
| Sulte, Apt.   |  |  | 26<br>Suite A                       | Apt. #, etc.  |  |   |                                     | 59-18881 <sup>-</sup>  | 15                                    |   |                                | ot Applicabl  |
| 2   | <b>#, 81C</b> .  |  | 27                                  | чрі. #, екс.  |  |   |                                     | 5. Certificate of S  | Status Desired                        |   |                                | Additional<br>equired                               |
| City & Stat   | e  |  | City & S                            | State   |  |   |                                     | 6. Election Camp   |                                       | _   |                                | May Be  |
| 3<br>Zip  | Countr   | г <u>у</u>   | 28<br>Zip                           |   | Country  | /   |                                     | Trust Fund Co<br>8. This corporation   |                                       | or intendible   |                                | to Fees<br>199.032                                  |
| 4   | 25   |  | 29                                  |   | 30   |   |                                     | Florida Statute  | IS                                    | 🗶 Yes 🛛   | 🗋 No                           |   |
| ROB   | 9. Name and Addre  |  | Inglaterou Ag                       |   | 81   | Name  |                                     | 0. Name and Ac   |                                       | Togisterou  | Agoin                          | <u></u>   |
| STE.  | 70 NEW BRITTANY B<br>. 101<br>MYERS FL 33901   | LVD.   |                                     |   | 82<br>83   |   | Address                             | (P.O. Box Numbe  | er is Not Accep                       | able)   | _                              |   |
| STE<br>Ft. I  | . 101<br>Myers FL 33901  |  | and 607.1508,<br>Florida. Such      | Florida Statut<br>change was a<br>eoz Obs. Flor   | 83<br>84   | Street /  |                                     |  |                                       | FL  | •   · ·   ·                    | Code<br>is registered                               |
| STE<br>FT. I<br>11. Pursuant<br>office or r<br>agent. I a   | , 101<br>MYERS FL 33901<br>to the provisions of Soc<br>registered agont, or bolt<br>m familiar with, and acc   | tions 607.0502 a<br>h, in the State of<br>sept the obligatio   |                                     |   | 83<br>84<br>tes, the above<br>authorized by<br>orida Statutes  | City<br>City<br>c-named<br>y the corp<br>s.   | corpora<br>poration's               | lion submits this s<br>s board of directo                                    |                                       | FL<br>e purpose o<br>cept the app                       | •   · ·   ·                    |   |
| STE<br>Ft. I  | 101<br>MYERS FL 33901<br>to the provisions of Sec<br>registered agont, or bolt<br>m familiar with, and acc<br>Signature, typed or printed name   | tions 607.0502 a<br>h, in the State of<br>sept the obligatio   | and title if applicable             |   | 83<br>84   | City<br>City<br>c-named<br>y the corp<br>s.   | corpora<br>poration's               | lion submits this s<br>s board of directo                                    | statement for the                     | FL<br>e purpose o<br>cept the app<br>DATE               | of changing it<br>pointment as | s registered<br>registered                          |
| STE.<br>FT. I<br>office or r<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE   | 101<br>MYERS FL 33901<br>to the provisions of Sec<br>registered agont, or bolt<br>m familiar with, and acc<br>signature, typed or printed nam<br>C   | tions 607.0502 a<br>h, in the State of<br>cept the obligatio   | and little if applicable            |   | 83<br>84<br>tes, the above<br>authorized by<br>orida Statutes<br>t. Registered Age<br>13.<br>1.1 IITLE   | City<br>City<br>c-named<br>y the corp<br>s.   | corpora<br>poration's               | tion submits this s<br>s board of directo                                    | statement for the                     | FL<br>e purpose o<br>cept the app<br>DATE               | of changing it<br>pointment as | s registered<br>registered                          |
| STE.<br>FT. I<br>office or r<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME   | 101<br>MYERS FL 33901<br>to the provisions of Sec<br>registered agont, or bolt<br>m familiar with, and acc<br>Signature, typed or printed nam<br>C<br>PD<br>MYERS, JOHN  | tions 607.0502 a<br>h, in the State of<br>cept the obligatio<br>e of registerint agent a<br>PFFICERS AND D | and little if applicable            | e (NOT)   | 83<br>84<br>les, the above<br>authorized by<br>orida Statutes<br>1.<br>1.1<br>1.1<br>1.1<br>1.1<br>1.1<br>1.1<br>1.1<br>1.1<br>1.1   | Street /<br>City<br>c-named<br>y the corp<br>s.   | corpora<br>poration's               | tion submits this s<br>s board of directo                                    | statement for the                     | FL<br>e purpose o<br>cept the app<br>DATE               | D Changing in pointment as     | is registered<br>registered<br>IS IN 12             |
| STE.<br>FT. I<br>office or r<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP  | to the provisions of Soc<br>registered agent, or both<br>m familiar with, and acc<br>Signature, typed or printed name<br>C<br>PD<br>MYERS, JOHN<br>7267 LAKE DR SW<br>FORT MYERS FL  | tions 607.0502 a<br>h, in the State of<br>cept the obligatio<br>e of registerint agent a<br>PFFICERS AND D | and litta Y applicable<br>DIRECTORS | n (NOT  | B3     B4     Ites, the above     authorized by     orida Statutes     t. Registered Age     13.     1.1 ITLE     1.2 NAME     1.3 STREET     1.4 CTIY-S   | Street /<br>City<br>c-named<br>y the corp<br>s.   | corpora<br>poration's               | tion submits this s<br>s board of directo                                    | statement for the                     | FL<br>e purpose o<br>cept the app<br>DATE               | D DIRECTOF                     | IS registered<br>registered<br>RS IN 12             |
| STE.<br>FT. I<br>office or n<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>STREET ADORESS<br>CITY-ST-ZIP<br>TITLE   | to the provisions of Soc<br>registered agent, or both<br>m familiar with, and acc<br>Signature, typed or printed nam<br>C<br>PD<br>MYERS, JOHN<br>7287 LAKE DR SW<br>FORT MYERS FL<br>STD  | tions 607.0502 a<br>h, in the State of<br>cept the obligatio<br>e of registerint agent a<br>PFFICERS AND D | and litta Y applicable<br>DIRECTORS | e (NOT)   | B3     B4     B3     B4     Ites, the above     authorized by orida Statutes     I.a.     I.1 UTLE     I.2 NAME     I.3 STREET     I.4 CITY-S     2.1 UTLE   | Street /<br>City<br>c-named<br>y the corp<br>s.   | corpora<br>poration's               | tion submits this s<br>s board of directo                                    | statement for the                     | FL<br>e purpose o<br>cept the app<br>DATE               | D Changing in pointment as     | IS registered<br>registered<br>RS IN 12             |
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| STE.<br>FT. I<br>office or n<br>agent. 1 a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>STREET ADORESS<br>CITY-ST-ZIP  | 101<br>MYERS FL 33901<br>to the provisions of Soc<br>registered agent, or both<br>m familiar with, and acc<br>Signature, typed or printed name<br>C<br>PD<br>MYERS, JOHN<br>7267 LAKE DR SW<br>FORT MYERS FL<br>STD<br>MYERS, CHERYL | tions 607.0502 a<br>h, in the State of<br>cept the obligatio<br>of registered agent a<br>OFFICERS AND D    | and little repplicable              | DELETE  | B3<br>B4<br>Les, the above<br>authorized by<br>orida Statutes<br>13.<br>1.1 IITLE<br>1.2 NAME<br>1.3 STREET<br>1.4 CITY-S<br>2.1 TITLE<br>2.2 NAME<br>2.3 STREET<br>2.4 CITY-S   | Street /<br>City<br>c-named<br>y the corp<br>s.<br>ant signature<br>ADDRESS<br>ST-ZIP   | corpora<br>poration's<br>required w | tion submits this s<br>s board of directo                                    | statement for the<br>rs. I hereby acc | FL<br>a purpose o<br>cept the app<br>DATE<br>FICERS ANI | D DIRECTOF                     | IS registered<br>registered<br>IS IN 12<br>Additio  |
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| STE:<br>FT. I<br>office or r<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME | to the provisions of Soc<br>registered agent, or both<br>im familiar with, and acc<br>Signature, typed or printed name<br>C<br>PD<br>MYERS, JOHN<br>7267 LAKE DR SW<br>FORT MYERS FL<br>STD<br>MYERS, CHERYL<br>7267 LAKE DR SW      | tions 607.0502 a<br>h, in the State of<br>cept the obligatio<br>of registered agent ar<br>OFFICERS AND D   | nd litto r applicable               | DELETE  | 83         84           Ites, the above<br>authorized by<br>orida Statutos         84           1.1         111         11           1.2         NAME         1.3           1.4         CITY-S         2.1           1.4         CITY-S         2.1           2.4         CITY-S         3.1           3.3         STREET         2.4           2.3         STREET         3.3           3.4         CITY-S         3.1           3.3         STREET         3.4           3.4         CITY-S         4.1           3.4         CITY-S         5.1           4.4         CITY-S         5.1           4.4         CITY-S         5.1   | Street /<br>City<br>c-named<br>y the corp<br>s.<br>ant signature<br>adDRESS<br>S1-ZIP<br>ADDRESS<br>S1-ZIP<br>ADDRESS<br>S1-ZIP     | corpora<br>poration's<br>required w | (ion submits this s<br>s board of directo<br>ten renstaling)<br>ADDITIONS/CH | statement for the<br>rs. I hereby acc | FL<br>a purpose o<br>cept the app<br>DATE<br>FICERS ANI |                                | IS registered<br>registered<br>RS IN 12<br>Additio  |
| STEE<br>FT. I<br>11. Pursuant<br>office or r<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | to the provisions of Soc<br>registered agent, or both<br>im familiar with, and acc<br>Signature, typed or printed name<br>C<br>PD<br>MYERS, JOHN<br>7267 LAKE DR SW<br>FORT MYERS FL<br>STD<br>MYERS, CHERYL<br>7267 LAKE DR SW      | tions 607.0502 a<br>h, in the State of<br>cept the obligatio<br>of registered agent ar<br>OFFICERS AND D   | nd litto r applicable               | DELETE  | <ul> <li>B3</li> <li>B4</li> <li>B3</li> <li>B4</li> &lt;</ul> | Street /<br>City<br>c-named<br>y the corp<br>s.<br>adDRESS<br>ST-ZIP<br>ADDRESS<br>ST-ZIP<br>ADDRESS<br>ST-ZIP<br>ADDRESS<br>ST-ZIP | corpora<br>poration's<br>required w | (ion submits this s<br>s board of directo<br>ten renstaling)<br>ADDITIONS/CH | statement for the<br>rs. I hereby acc | FL<br>a purpose o<br>cept the app<br>DATE<br>FICERS ANI |                                | IS registered<br>registered<br>RS IN 12<br>Additio  |
| STE.<br>FT. I<br>office or r<br>agent. I a<br>SIGNATURE<br>12.<br>TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADORESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | to the provisions of Soc<br>registered agent, or both<br>im familiar with, and acc<br>Signature, typed or printed name<br>C<br>PD<br>MYERS, JOHN<br>7267 LAKE DR SW<br>FORT MYERS FL<br>STD<br>MYERS, CHERYL<br>7267 LAKE DR SW      | tions 607.0502 a<br>h, in the State of<br>cept the obligatio<br>of registered agent ar<br>OFFICERS AND D   | nd litto r applicable               | DELETE  | 83         84           Ites, the above<br>authorized by<br>orida Statutos         84           1.1         111         11           1.2         NAME         1.3           1.4         CITY-S         2.1           1.4         CITY-S         2.1           2.4         CITY-S         3.1           3.3         STREET         2.4           2.3         STREET         3.3           3.4         CITY-S         3.1           3.3         STREET         3.4           3.4         CITY-S         4.1           3.4         CITY-S         5.1           4.4         CITY-S         5.1           4.4         CITY-S         5.1   | Street /<br>City<br>c-named<br>y the corp<br>s.<br>adDRESS<br>ST-ZIP<br>ADDRESS<br>ST-ZIP<br>ADDRESS<br>ST-ZIP<br>ADDRESS<br>ST-ZIP | corpora<br>poration's<br>required w | (ion submits this s<br>s board of directo<br>ten renstaling)<br>ADDITIONS/CH | statement for the<br>rs. I hereby acc | FL<br>a purpose o<br>cept the app<br>DATE<br>FICERS ANI |                                | IS registered<br>registered<br>IS IN 12<br>Additio  |
| STE.<br>FT.  <br>11. Pursuant<br>office or r<br>agent. I a<br>SIGNATURE<br>12.  | to the provisions of Soc<br>registered agent, or both<br>im familiar with, and acc<br>Signature, typed or printed name<br>C<br>PD<br>MYERS, JOHN<br>7267 LAKE DR SW<br>FORT MYERS FL<br>STD<br>MYERS, CHERYL<br>7267 LAKE DR SW      | tions 607.0502 a<br>h, in the State of<br>cept the obligatio<br>of registered agent ar<br>OFFICERS AND D   | nd litto r applicable               | <ul> <li>(NOT)</li> <li>DELETE</li> <li>DELETE</li> <li>DELETE</li> <li>DELETE</li> </ul> | <ul> <li>B3</li> <li>B4</li> <li>B3</li> <li>B4</li> <li>B4</li> <li>B4</li> <li>B5</li> <li>B4</li> <li>B4</li> <li>B4</li> <li>B5</li> <li>B4</li> <li>B5</li> <li>B4</li> <li>B5</li> <li>B4</li> <li>B5</li> <li>B7</li> &lt;</ul> | Street /<br>City<br>c-named<br>y the corp<br>s.<br>addRess<br>st-ziP<br>AddRess<br>st-ziP<br>AddRess<br>st-ziP<br>AddRess<br>st-ziP | corpora<br>poration's<br>required w | (ion submits this s<br>s board of directo<br>ten renstaling)<br>ADDITIONS/CH | statement for the<br>rs. I hereby acc | FL<br>a purpose o<br>cept the app<br>DATE<br>FICERS ANI |                                | IS registered<br>registered<br>IS IN 12<br>Addition |