


FILED

Apr 10 1997 8:00am  
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT <b>1997</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS</p>
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Principal Place of Business	Mailing Address
3773 ARNOLD AVENUE NAPLES FL 33942	3773 ARNOLD AVENUE NAPLES FL 34104-3367

<b>3. Date Incorporated or Qualified</b> <b>07/19/1979</b>	<b>3a. Date of Last Report</b> <b>06/17/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.

4. FEI Number	Applied For
59-1922440	Not Applicable

22	27
City & State	City & State
23	28

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23	Zip	Country	24	Zip	Country
	34104-3367			34104-3367	

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent					
PLA, JOSE RAMON 2224 KINGSLAKE BLVD. NAPLES FL 33962	<table border="1"> <tr> <td>81</td> <td>Name <i>HERNANDEZ</i></td> </tr> <tr> <td>82</td> <td>Street Address <i>3277</i></td> </tr> </table>	81	Name <i>HERNANDEZ</i>	82	Street Address <i>3277</i>
81	Name <i>HERNANDEZ</i>				
82	Street Address <i>3277</i>				

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

81	Name	HERBERT W. M LACHUAN		
82	Street Address (P.O. Box Number is Not Acceptable)	3773 ARNOLD AVE		
83				
84	City	NAPLES	FL	85 Zip Code 34104

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 Harry Locklin President 9/31/97  
Signature, type (or print) name of the state agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT
NAME	PLA, JOSE R.	1.2 NAME	HERBERT W. McLAUGHLIN
STREET ADDRESS	2224 KINGS LAKE BLVD.	1.3 STREET ADDRESS	1310 GULF BLVD - 15 E
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	CLEARWATER FL 34630
TITLE	TD	2.1 TITLE	VICE PRESIDENT - OPERATIONS
NAME	SHERER-PLA, NORMA	2.2 NAME	RICK A. DE GOLYER
STREET ADDRESS	2224 KINGS LAKE BLVD.	2.3 STREET ADDRESS	3773 ARNOLD AVE
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	NAPLES, FL 34104
TITLE	VS	3.1 TITLE	VICE PRESIDENT - SALES
NAME	SHERER-PLA, NORMA	3.2 NAME	STEVEN H. WHITE
STREET ADDRESS	2224 KINGS LAKE BLVD.	3.3 STREET ADDRESS	3773 ARNOLD AVE
CITY - ST - ZIP	NAPLES FL	3.4 CITY - ST - ZIP	NAPLES, FL 34104
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (9/96)