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FILED
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 # **636595**

(1)

1. Corporation Name
OSPREY IV, INC.



Principal Place of Business
**4851 DOLPHIN LANE
FT MYERS BEACH FL 33931**

Mailing Address
**4851 DOLPHIN LANE
FT MYERS BEACH FL 33931-3916**

3. Date Incorporated or Qualified
09/18/1979

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

4. FEI Number

59-1942194

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

**ACKERT, ROBERT P.
4851 DOLPHIN LANE
FT. MYERS BEACH FL**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ACKERT, PHILIP H	
STREET ADDRESS	4851 DOLPHIN LANE	
CITY, ST, ZIP	FT MYERS BCH, FL 00000	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	ACKERT, MARY LEE	
STREET ADDRESS	4851 DOLPHIN LANE	
CITY, ST, ZIP	FT MYERS BCH, FL 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ACKERT, ROBERT P	
STREET ADDRESS	4851 DOLPHIN LANE	
CITY, ST, ZIP	FT MYERS BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACKERT, ROBERT P JR	
STREET ADDRESS	4851 DOLPHIN LANE	
CITY, ST, ZIP	FT MYERS BCH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHANDLER, LINDSAY A	
STREET ADDRESS	4851 DOLPHIN LANE	
CITY, ST, ZIP	FT MYERS BCH, FL 00000	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Robert P Ackert **ROBERT P ACKERT** 3/8/97 463 5275

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

0002748

CR2E034 (9/96)