

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **675317** (2)
1. Corporation Name
STRUCTURES OF LEE COUNTY, INC.



Principal Place of Business 1625 SILVERWOOD CT NORTH FT MYERS FL 33903-1650	Mailing Address 1625 SILVERWOOD CT NORTH FT MYERS FL 33903-1650
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4444 Hancock Bridge Pkwy.		2a. Mailing Address 26 1625 Silverwood Court		3. Date Incorporated or Qualified 06/27/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2008513	
22 City & State 23 North Ft. Myers, FL		27 City & State 28 North Ft. Myers, FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Zip 33903		25 Country Lee		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
29 Zip 33903		30 Country Lee		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No not yet	

9. Name and Address of Current Registered Agent

**INK, STANLEY K
1625 SILVERWOOD CT
N FT MYERS FL FL 33903**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD INK, STANLEY K 1625 SILVERWOOD CT N FT MYERS, FL 00000 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INK, JAMES M 7839 EAGLES FLIGHT LN FT MYERS FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD INK, EDITH W 1625 SILVERWOOD CT N FT MYERS, FL 00000 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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.

Jan 8, 1998

941 995-2442

CR2E034 (10/97)