

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04 1997 8:00am
Secretary of State

DOCUMENT # 684628

(1)

1. Corporation Name

FORT CONTRACTING, INC.



Principal Place of Business

C/O STEPHEN E. FORT
2107 RIVER RIDGE BLVD.
FORT MYERS FL 33905

Mailing Address

C/O STEPHEN E. FORT
2107 RIVER RIDGE BLVD.
FORT MYERS FL 33905-1700

3. Date Incorporated or Qualified

08/18/1980

3a. Date of Last Report

07/02/1996

2. Principal Place of Business

21 6225 DEER RUN SW

Suite Apt. #, etc.

22 City & State

23 FORT MYERS FL

24 Zip 33908

25 Country LEE

2a. Mailing Address

26 6225 DEER RUN SW

Suite Apt. #, etc.

27 City & State

28 FORT MYERS FL

29 Zip 33908

30 Country LEE

4. FEI Number

59-2022838

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

FORT, STEPHEN E.
2107 RIVER RIDGE BLVD.
FORT MYERS FL 33905

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

TITLE PD ☐ DELETE

NAME FORT, STEPHEN E.
STREET ADDRESS 2107 RIVER RIDGE BLVD
CITY-ST-ZIP FORT MYERS FL

TITLE S ☐ DELETE

NAME FORT, GLORIA D.
STREET ADDRESS 2107 RIVER RIDGE BLVD
CITY-ST-ZIP FORT MYERS FL

TITLE V ☐ DELETE

NAME FORT, STEPHEN E., JR.
STREET ADDRESS 2107 RIVER RIDGE BLVD
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6225 DEER RUN SW

1.4 CITY-ST-ZIP 33908

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 6225 DEER RUN SW

2.4 CITY-ST-ZIP 33908

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: STEPHEN E. FORT PRES. 2-497 (941) 674-6737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)