

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741672** (0)

1. Corporation Name

JUNO OF SANIBEL, INC.



Principal Place of Business 12661 NEW BRITTANY BLVD FORT MYERS FL 33607 US	Mailing Address 12661 NEW BRITTANY BLVD FORT MYERS FL 33607 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/21/1978	3a. Date of Last Report 03/28/1996
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2. Principal Place of Business 21 4440 Palm Ridge Rd P.O. Box 508	2a. Mailing Address 27 4440 Palm Ridge Rd P.O. Box 508
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4. FEI Number 59-1841920	Applied For ☐ Not Applicable
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Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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City & State 23 Sanibel FL	City & State 28 Sanibel FL
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6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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Zip 24 33907	Country 25 US	Zip 29 33907	Country 30 US
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent O/O MARQUIS MANAGEMENT INC. 12661 NEW BRITTANY BLVD 11595 KELLY ROAD FORT MYERS FL 33907
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10. Name and Address of New Registered Agent
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81 Name Anna B. Surman
82 Street Address (P.O. Box Number is Not Acceptable) 4440 Palm Ridge Rd
83 P.O. Box Number 508
84 City Sanibel
85 Zip Code FL 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Anna B. Surman** (NOTE: Registered Agent signature required when reinstating) DATE **8-7-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	☐ DELETE	1.1 TITLE VP	☐ Change ☒ Addition
NAME STONE, SIDNEY		1.2 NAME William M. Surman	
STREET ADDRESS 7733 FORSYTH BLVD		1.3 STREET ADDRESS 6 Stone State Rd	
CITY-ST-ZIP ST LOUIS MO		1.4 CITY-ST-ZIP Sanibel FL	
TITLE DST	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME APMANN, JON		2.2 NAME	
STREET ADDRESS 20 STEEPLE CHASE ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP BARRINGTON MILLS IL		2.4 CITY-ST-ZIP	
TITLE VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME BUTLER, SANDRA		3.2 NAME	
STREET ADDRESS 572 CHERT COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP SANIBEL FL		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Anna B. Surman**

CR2E037 (4/97)