FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

767939

HOMEOWNERS OF PORT CHARLOTTE VILLAGE, INC.

TOD KINGS NOWAWY OFFICE PT, CHARLOTTE FL 33890 4008 1. Date Incorporated or Qualified OL/13/1983 1. Date Incorporated Ol/13/1983 1. Date Incorporated Ol/13/1983 2. Date Incorporated Ol/13/1983 2. Date Incorporated Ol/13/19833 2. Date Incorporated Ol/13/1983 2. Date Incorporated Ol/13/19833 2. Date Incorporated Ol/13/1983 2. Date Incorporat	1000 KINGS HQ-MAY OFFICE PT. CHARLOTTE FL 33800 1000 KINGS HQ-MAY OFFICE PT. CHARLOTTE FL 33800 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified (A/13/1983) 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified (A/13/1983) 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified (A/13/1983) 4. FEI Number (B/13/1983) 5. Certificate of Status Desired (B/13/1983) 6. Election Campaign Financing (B/13/1983) 5. Certificate of Status Desired (B/13/1983) 5. Certificate of Status Desired (B/13/1983) 6. Election Campaign Financing (B/13/1983) 6. This corpor	Surper S	Color NIOS NOWNY OFFICE 1000 KINSS NGHMAY OFFICE 1000 KINSS NGHMAY OFFICE 138804208 3. Date Incorporated or Qualified 3e. Date of Last Report 0/4/13/1983 0/13/1/1996 0/4/13/1983 0/13/14/1996 0/4/13/1983 0/13/14/1983									
PT. CHARLOTTE FL 33890 PT. CHARLOTTE FL 338904208 3. Date incorporated or Qualified O1/31/1996 2. Principal Place of Business	PT. CHARLOTTE FL 33890 PT. CHARLOTTE FL 33890-4208 3. Date Incorporated or Qualified 0/1/3/1883 0/1/3/1883 2. Principal Place of Business 2. Mailing Address 2. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country And City FL Sig Sireet Address of New Registared Agent Zip Sireet Address of New Registared Agent Zip Sireet Address (P.O. Box Number is Not Acceptable) Zig Sireet Address (P.O. Box Number is Not Acceptable) Zig Sireet Address (P.O. Box Number is Not Acceptable) Zip Sireet Address (P.O. Box Number is Not Acceptable) Zip Sireet Address (P.O. Box Number is Not Acceptable) Zip Sireet Address (P.O. Box Number is Not Acceptable) Zip Sireet Address (P.O. Box Number is Not Acceptable) Zip Sireet Address (P.O. Box Number is Not Acceptable) Zip Sireet Address (P.O. Box Number is Not Acceptable) Zip Sireet Address (P.O. Box Number is Not Acceptable) Zip S	3. Date Incorporated or Qualified Applied For O1/3 1/1996 28. Mailing Address	PT. CHARLOTTE FL 33890 PT. CHARLOTTE FL 33890 3. Date incorporated or Qualified 04/13/1983 0/1/31/1998 0/1/31/1999 0/1/31/31/31/31/31/31/31/31/31/31/3	Principal Place of Business Mailing Address					I IDANIA INDUA MININ INDUA IN	iline serie diteso arasi atari minili alasi Biati tahu		
2. Principal Place of Business 2a. Mailing Address 2a. Mail	Country Size Country Size Country Size Country Size Si	Usiness 2a. Mailing Address 4. FEI Number Applied For S9-9283369 Not Applied For	Q4/13/1983 O1/31/1985 O1/					•				
Suite, Apt. #, etc. City & State Country B. This corporation has liability for intangible year under s. 199.032. Florida Statutes Find a Sta	Surie, Aprl. #, etc. Surie, Aprl. #, etc.	Suite. Apt. #, etc. Suite. Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.						04/13/1983			
Suite, Apt. #, etc. Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required \$5.00 May Be \$5.00 May Be \$28 \$29 \$30 \$20 \$30 \$	Surie, Apt. #, etc. Surie, Apt. #, etc.		lace of Business				4. FEI Number		4	
22 27 27 27 27 27 27 27	27 City & State City & Country Zip Country Zip Country Zip Country R. This corporation has liability for intangible use un Plorida Statutes Yes Sulpo Registered Agent Plorida Statutes Yes Sulpo Registered Agent Register	27 City & State Status Desired Fee Required Fee Required Fee Required Fee Required Status Desired Fee Required Status Desired Status Desi	27		# olo				29.5500308		릐	
City & State City & State	City & State Country 22	City & State City & State Country Zip Country State Country Country Country Country Country Zip Country State Country Country State Country	City & State Country B. This copporation is bability for intengible by Auder's 199.032. Provide Statutes of Fords Intended in the State of Fords Intended intended in the Intended intended in the Intended intended in the Intended intended in the Intended		#, etc.	—			5. Certificate of Status Desired	7 - 1 - 1		
Zip Country Zip Country Zip Country Zip Country Single Country Sing	28 28 29 20 30 30 8. This corporation has isbillify for intenglible use under the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changed agent to both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment agent larm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changed submit for the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changed submit for the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changed submit for the purpose of c	Trust Fund Contribution Added to Fees Country	Trust Fund Contribution Added to Fees		9				6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	-	
Position	28	State Stat	28	23		28				A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
Signature cycle control or printed name of registered agent 10, Name and Address of New Registered Agent	WOTITZKY, EDWARD L 223 TAYLOR ST. PUNTA GORDA FL 33950 82 Street Address (P.O. Box Number is Not Acceptable) 83 Name 84	MARD L Street Address of New Registered Agent	WOTITZKY, EDWARD L 223 TAYLOR ST. PUNTA GORDA FL 33950 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 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 and familiar with, and accept the obligations of, Section 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and familiar with and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and familiar with and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and familiar with a statement for the purpose of changing its registered agent and familiar with a statement for the purpose of changing its registered agent and familiar with a statement for the purpose of changing its registered agent and familiar vital			 (·	1		8. This corporation has liability for intangible text under s. 199.032,		
WOTITZKY, EDWARD L 223 TAYLOR ST. PUNTA GORDA FL 33950 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL 85 Zip Code 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 80 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 81 City FL 85 Zip Code 82 City FL 85 Zip Code 83 City FL Sip Code 84 City FL Sip Code Coporation's board of directors. In teresty accept the appointment as registered agent ag	WOTITZKY, EDWARD L 223 TAYLOR ST. PUNTA GORDA FL 33950 83 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the early 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 appointme agent 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, hyred or priced name of registered agent and little if applicable (NOTE Registered Agent agent) in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointme agent 1 am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, hyred or priced name of registered agent and little if applicable (NOTE Registered Agent agent) are quited when reinstalling) DATE	MARD L FL 33950 82 Street Address (P.O. Box Number is Not Acceptable) 83 64 City FL 85 Zip Code ovisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered at 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 in with, and accept the obligations of, Section 617.0503, Florida Statutes. When the State of Florida Statutes is a policient of the purpose of changing its registered or rivity, and accept the obligations of, Section 617.0503, Florida Statutes. When the State of Florida Statutes is a policient of the purpose of changing its registered or rivity, and accept the obligations of, Section 617.0503, Florida Statutes. When the State of Florida Statutes is a policient of the purpose of changing its registered or rivity, and accept the appointment as registered or rivity, and accept the obligations of, Section 617.0503, Florida Statutes. When the State of Florida Statutes is a policient or registered agent and florida Statutes. ACH, ELEANOR OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ACH, ELEANOR IT CHARLOTTE FL DELETE 1.1 ITILE Change Addition Change Addition DING, CHARLES F 2.2 MANE DING, CHARLES F Addition	WOTITZKY, EDWARD L 223 TAYLOR ST. PUNTA GORDA FL 33950 83 84 City FL 85 Zip Code 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 agent a fam familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent are mainliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and their appointment. Better approach to their appointment are registered agent and their appointment are registered by the corporation's board of directors. I hereby accept the abpointment are registered agent and their appointment are registered by the corporation's board of directors. I hereby accept the above-named corporation submits this statement for the purpose of changing its registered agent and their appointment are registered agent are directors. I hereby accept the above-named corporation submits this statement for the purpose of changing its registered agent and their appointment are registered agent and appointment are registered agent	24			[30]				\dashv	
223 TAYLOR ST. PUNTA GORDA FL 33950 83 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 agent, and accept the obligations of, Sections 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME KOVACH, ELEANOR 12. NAME STREET ADDRESS 1000 KINGS HWY #114 13. STREET ADDRESS 1000 KINGS HWY #114 13. STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 14. OTTY-ST-ZIP PORT CHARLOTTE FL 1000 KINGS HWY #353 22. STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OTTY-ST-ZIP PORT CHARLOTTE FL 14. OTTY-ST-ZIP 17. Change Addition Addition CHARLOTTE FL 14. OTTY-ST-ZIP PORT CHARLOTTE FL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE PORT CHARLOTTE FL 14. OTTY-ST-ZIP 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE PORT CHARLOTTE FL 14. OTTY-ST-ZIP 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE PORT CHARLOTTE FL 11. ITILE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANG	223 TAYLOR ST. PUNTA GORDA FL 33950 83 64 City FL 85 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 chang 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 appointme agent I arm familiar with, and accept the obligations of, Section 617.0502, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent lignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. STREET ADDRESS 1000 KINGS HWY #114 12. MAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. CITY ST-2IP PORT CHARLOTTE FL 17. DELETE 17	FL 33950 84 City FL 85 Zip Code ovisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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 or with, and accept the obligations of, Section 617.0503, Florida Statutes. Note: Registered Apent signature required when reinstaling) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 11. ITILE OFFICERS AND DIRECTORS IN 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OFFICERS AND DIRECTORS IN 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 14. City-51-21P OFFICERS AND DIRECTORS IN 15. STREET ADDRESS OFFICERS AND DIRECTORS OFFICERS	223 TAYLOR ST. PUNTA GORDA FL 33950 84 City FL 85 Zip Code 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 organi, 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, with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or pureed name of registered agent and title if applicable. (NOTE: Registered Agent agreed agent and agreed the appointment as registered agent and agreed the appointment as registered agent and agreed to purpose of changing its registered agent and for the purpose of changing its registered agent and form agreed to the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VPD SON DELETE 11. TITLE PORT CHARLOTTE FL 14. ADITY-ST-2IP TITLE SO DELETE 21. TITLE Change Addition Addition Addition Change Addition DATE Change Addition Change Addition NAME HARDING, CHARLES F 1000 KINGS HWY \$126 PORT CHARLOTTE FL 1000 KINGS HWY \$126 PORT CHARLOTTE FL 11. TITLE 12. TITLE 13. TITLE 14. ADITY-ST-2IP DELETE 31. TITLE 14. ADITY-ST-2IP DELETE 31. TITLE Change Addition NAME PORT CHARLOTTE FL TITLE PORT CHARLOTTE FL TITLE PORT CHARLOTTE FL TITLE Change Addition Change Addition		8, 144110 0110 7441000 01 041101	The grant of the Property of t	81	Name	io, mano and process of their		-	
223 TAYLOR ST. PUNTA GORDA FL 33950 83 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 agent, and accept the obligations of, Sections 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME KOVACH, ELEANOR 12. NAME STREET ADDRESS 1000 KINGS HWY #114 13. STREET ADDRESS 1000 KINGS HWY #114 13. STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 14. OTTY-ST-ZIP PORT CHARLOTTE FL 1000 KINGS HWY #353 22. STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OTTY-ST-ZIP PORT CHARLOTTE FL 14. OTTY-ST-ZIP 17. Change Addition Addition CHARLOTTE FL 14. OTTY-ST-ZIP PORT CHARLOTTE FL 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE PORT CHARLOTTE FL 14. OTTY-ST-ZIP 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE PORT CHARLOTTE FL 14. OTTY-ST-ZIP 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. ITILE PORT CHARLOTTE FL 11. ITILE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANG	223 TAYLOR ST. PUNTA GORDA FL 33950 83 64 City FL 85 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 chang 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 appointme agent I arm familiar with, and accept the obligations of, Section 617.0502, Florida Statutes SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent lignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. STREET ADDRESS 1000 KINGS HWY #114 12. MAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. CITY ST-2IP PORT CHARLOTTE FL 17. DELETE 17	FL 33950 84 City FL 85 Zip Code ovisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of 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 or with, and accept the obligations of, Section 617.0503, Florida Statutes. Note: Registered Apent signature required when reinstaling) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 11. ITILE OFFICERS AND DIRECTORS IN 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 12. STREET ADDRESS OFFICERS AND DIRECTORS IN 13. STREET ADDRESS OFFICERS AND DIRECTORS IN 14. City-51-21P OFFICERS AND DIRECTORS IN 15. STREET ADDRESS OFFICERS AND DIRECTORS OFFICERS	223 TAYLOR ST. PUNTA GORDA FL 33950 84 City FL 85 Zip Code 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 organi, 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, with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or pureed name of registered agent and title if applicable. (NOTE: Registered Agent agreed agent and agreed the appointment as registered agent and agreed the appointment as registered agent and agreed to purpose of changing its registered agent and for the purpose of changing its registered agent and form agreed to the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VPD SON DELETE 11. TITLE PORT CHARLOTTE FL 14. ADITY-ST-2IP TITLE SO DELETE 21. TITLE Change Addition Addition Addition Change Addition DATE Change Addition Change Addition NAME HARDING, CHARLES F 1000 KINGS HWY \$126 PORT CHARLOTTE FL 1000 KINGS HWY \$126 PORT CHARLOTTE FL 11. TITLE 12. TITLE 13. TITLE 14. ADITY-ST-2IP DELETE 31. TITLE 14. ADITY-ST-2IP DELETE 31. TITLE Change Addition NAME PORT CHARLOTTE FL TITLE PORT CHARLOTTE FL TITLE PORT CHARLOTTE FL TITLE Change Addition Change Addition	WOTITZ	KY. EDWARD L		82	Street	Address (P.O. Box Number is Not Accen	table)		
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 agant, 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 agant, the familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. Signature	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 chang office or registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the objection 617.0503, Florida Statutes. SIGNATURE Signature. Signature. Signature. Signature. Signature to the provisions of Sections 617.0503, Florida Statutes. SIGNATURE Signature. Signature. Signature. Signature to the provisions of Section 617.0503, Florida Statutes. SIGNATURE Signature. Signature. Signature. Special signature required when reintailing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. SITURE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. AMME 12. AMME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADITY SIT-ZIP PORT CHARLOTTE FL 14. ADITY SIT-ZIP DELETE 21. TITLE 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 23. STREET ADDRESS CITY SIT-ZIP PORT CHARLOTTE FL 14. CITY SIT-ZIP DIRECTOR SITEMA	Delete 1.1 Title PRES DERECTOR AND DIRECTORS 1.3 STREET ADDRESS AND DIRECTORS IN 1.2 STREET ADDRESS AT CHARLOTTE FL DELETE 1.1 Title 2.3 STREET ADDRESS ASTREET ADDRESS ASTREET ADDRESS ASTREED DELETE 1.1 Title 2.3 STREET ADDRESS ASTREED DELETE 2.1 TITLE 2.4 STREET ADDRESS ASTREED DELETE 3.1 TITLE 3.4 STREET ADDRESS ASTREED ADDRESS ASTREE	### City ###					0,,001				
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 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 1 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and lide if applicable (NOTE: Registered Agent signature required when reinstating) DATE	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 change was authorized by the corporation's board of directors. I hereby accept the appointme agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Signature typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE	obvisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diagent, 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 or with, and accept the obligations of, Section 617.0503, Florida Statutes. Very complete of the obligations of the profice of the obligations of the obligation obligations of the obligations of the obligation obligations of the obligations of the obligation obligation obligation obligations of the obligation obligation obligation obligations of the obligation obligation obligation obligation obligations of the obligation obligation obligation obligation obligations of the obli	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, 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, or both, in the State of Florida. Statutes. SIGNATURE Signature Typed or printed name of registered agent and talle if applicable (NOTE: Registered Agent algratime required when reintating) DATE	PUNTA (GORDA FL 33950		83					
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	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 chang 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 appointme agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE	ovisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered diagent, 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 are with, and accept the obligations of, Section 617.0503, Florida Statutes. Vivia Continue Contin	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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the epiglations of, Section 617 0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent Lignatura required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE VPD				84	City		85 Zip Code	_	
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 arm familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or pirited name of registered agent and lide if applicable. (NOTE: Registered Agent signatura required when reinstating) DATE	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I heraby accept the appointme agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and late if applicable (NOTE: Registered Agent algorithms required when reinstating) DATE	diagent, 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 are with, and accept the obligations of, Section 617.0503, Florida Statutes. Section 617.0503, Florida Statutes Section 617.0503, Florida Statutes	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 and take plants and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE	11 Pursuant I	to the provisions of Sections 617 050	2 and 617 1508 Florida Statu	rtes the above	a-named	corporation submits this statement for th		<u>-</u>	
SIGNATURE Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstalling) DATE	SIGNATURE Signature Sign	ACH, ELEANOR OFFICERS AND DIRECTORS DELETE 1.1 TITLE ACH, ELEANOR KINGS HWY #114 TO DELETE DELETE 1.4 CITY-ST-ZIP DELETE DELETE DELETE 2.1 TITLE 2.2 NAME DELETE DELETE DELETE DELETE 3.3 STREET ADDRESS TO CHARLOTTE FL DELETE DELETE 2.4 CITY-ST-ZIP DELETE DELETE 3.1 TITLE Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Addition DELETE 3.1 TITLE Change Addition Addition Change Addition Change Addition Change Addition DELETE 3.1 TITLE Change Addition Addition Change Addition Change Addition Change Addition	SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	office or re	egistered agent, or both, in the State	of Florida. Such change was	authorized by	the corp	poration's board of directors. I hereby ac	cept the appointment as registered	•	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VPD DELETE 1.1 TITLE VPD NAME KOVACH, ELEANOR STREET ADDRESS 1000 KINGS HWY #114 1.3 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL TITLE SD CURTIS, ASTRID STREET ADDRESS CITY-ST-ZIP TITLE TITLE TD DELETE STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE TO DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL STREET ADDRESS CITY-ST-ZIP TITLE TO DELETE STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL STREET ADDRESS CITY-ST-ZIP DELETE 4.1 TITLE DELETE Addition Change Addition Change Addition Addition Change Change Addition Change Change Addition Change Change Addition Change Chan	12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12.4 MAME 12.4 MAME 12.4 MAME 13.5 STREET ADDRESS 1000 KINGS HWY #114 13.5 STREET ADDRESS 1000 KINGS HWY #114 13.5 STREET ADDRESS 14.4 CITY-ST-ZIP 14.4 CITY-ST-ZIP 14.4 CITY-ST-ZIP 15.4 CITY-ST-ZIP	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LETT	12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE VPD DELETE 1.1 TITLE (Change Addition NAME NOVACH, ELEANOR 1.2 NAME 1.3 STREET ADDRESS 1000 KINGS HWY \$114 CURTIS, ASTRID 1.4 CITY-ST-ZIP PORT CHARLOTTE FL 2.4 CITY-ST-ZIP PORT CHARLOTTE FL 2.5 STREET ADDRESS 1000 KINGS HWY \$353 CITY-ST-ZIP PORT CHARLOTTE FL 2.4 CITY-ST-ZIP PORT CHARLOTTE FL 2.5 STREET ADDRESS 1000 KINGS HWY \$455 CITY-ST-ZIP PORT CHARLOTTE FL 2.4 CITY-ST-ZIP CHARLOTTE FL 3.1 TITLE CHANGE Addition AMME HARDING, CHARLES F 3.2 NAME STREET ADDRESS 1000 KINGS HWY \$126 STREET ADDRESS 1000 KINGS HWY \$126	_	in iamiliai wiiri, and accept the oblig	ations of, Section 617.0003, Fi	IOHUA SIGIUIGI	.		·		
TITLE VPD DELETE 1.1 TITLE PRES DERECTOR Change Addition NAME KOVACH, ELEANOR 1.2 NAME 1.3 STREET ADDRESS 1000 KINGS HWY #114 1.3 STREET ADDRESS 1000 KINGS HWY #114 1.4 CITY-ST-ZIP PORT CHARLOTTE FL 2.1 TITLE CURTIS, ASTRID 2.3 STREET ADDRESS 1000 KINGS HWY #353 2.3 STREET ADDRESS 1000 KINGS HWY #353 2.4 CITY-ST-ZIP PORT CHARLOTTE FL 2.4 CITY-ST-ZIP 1TILE 3.1 TITLE 3.1 TITLE 3.2 ADDRESS 1000 KINGS HWY #126 3.3 STREET ADDRESS 1000 KINGS HWY #126 3.3 STREET ADDRESS 1000 KINGS HWY #126 3.3 STREET ADDRESS 1000 KINGS HWY #126 3.4 CITY-ST-ZIP PORT CHARLOTTE FL 3.4 CITY-ST-ZIP DELETE 4.1 TITLE DERECTOR ON THE Change Addition Addition Change Change Change Addition Change Ch	TITLE VPD DELETE 1.1 TITLE PRES DELETE 1.2 NAME STREET ADDRESS 1000 KINGS HWY #114 CITY-ST-ZIP PORT CHARLOTTE FL TITLE SD DELETE 2.1 TITLE NAME CURTIS, ASTRID STREET ADDRESS 1000 KINGS HWY #353 CITY-ST-ZIP PORT CHARLOTTE FL TITLE TD DELETE 3.1 TITLE NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 CITY-ST-ZIP PORT CHARLOTTE FL TITLE PORT CHARLOTTE FL TITLE TD DELETE 3.2 NAME STREET ADDRESS 1000 KINGS HWY #126 CITY-ST-ZIP PORT CHARLOTTE FL TITLE PO DELETE 3.4. CITY-ST-ZIP TITLE PO DELETE 4.1 TITLE DIRECTOR ONLY STREET ADDRESS 1000 KINGS HWY #128 CITY-ST-ZIP PORT CHARLOTTE FL TITLE PO DELETE 4.1 TITLE DIRECTOR ONLY STREET ADDRESS 1000 KINGS HWY #388 STREET ADDRESS 1000 KINGS HWY #388	DELETE	TILE VPD DELETE 1.1 TITLE PRESEDORS Addition NAME KOVACH, ELEANOR STREET ADDRESS 1000 KINGS HWY #114 1.3 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL TITLE SD DELETE 2.1 TITLE CURTIS, ASTRID STREET ADDRESS 1000 KINGS HWY #353 CITY-ST-ZIP PORT CHARLOTTE FL TITLE TD DELETE 3.1 TITLE TD DELETE 3.1 TITLE Change Addition Addition NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 STREET ADDRESS 1000 KWY #126 STREET ADDRES	SIGNATURE _	Signature, typed or printed name of registered ag-	ent and title if applicable (NO	TE: Registered Apo	eni signatura	required when reinstating)	DATE	-	
NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL TITLE SD CURTIS, ASTRID STREET ADDRESS CITY-ST-ZIP TOO KINGS HWY #353 CITY-ST-ZIP TITLE TD DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS TREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TO DELETE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE TO DELETE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP TITLE PO DELETE Additio	NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL TITLE SD CURTIS, ASTRID STREET ADDRESS CITY-ST-ZIP FORT CHARLOTTE FL TO URTIS, ASTRID STREET ADDRESS CITY-ST-ZIP FORT CHARLOTTE FL TO URLETE TD URLETE TO TITLE TO URLETE TO URLETE TO TITLE TO URLETE TO TO URLETE TO TO TITLE TO URLETE TO TO URLETE TO	ACH, ELEANOR 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP Change Addition	NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL ITILE SD CURTIS, ASTRID STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL IDELETE 21 TITLE CURTIS, ASTRID 22 NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL IDELETE 31 TITLE TD DELETE 31 TITLE TD Change Addition NAME HARDING, CHARLES F STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 32 NAME STREET ADDRESS CITY-ST-ZIP FORD STREET ADDRESS CITY-ST-ZIP FORD Change Addition NAME STREET ADDRESS CITY-ST-ZIP FORD Change Addition NAME FORD, HENRY 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 TITLE 1.5 TITLE	12.					· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS 1000 KINGS HWY #114 CITY-ST-ZIP PORT CHARLOTTE FL TITLE SD DELETE 2.1 TITLE NAME CURTIS, ASTRID STREET ADDRESS 1000 KINGS HWY #353 CITY-ST-ZIP PORT CHARLOTTE FL TITLE TD DELETE 3.1 TITLE NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 STREET ADDRE	STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL TITLE SD CURTIS, ASTRID STREET ADDRESS CITY-ST-ZIP OPERT CHARLOTTE FL TITLE SD CURTIS, ASTRID STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL TITLE TD DELETE STREET ADDRESS CITY-ST-ZIP NAME HARDING, CHARLES F STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE PO DELETE TITLE PO DELETE A3. STREET ADDRESS CITY-ST-ZIP TITLE PO DELETE A3. STREET ADDRESS CITY-ST-ZIP TITLE PO DELETE A3. STREET ADDRESS TORD CHARLOTTE FL THE NAME FORD, HENRY STREET ADDRESS TOOO KINGS HWY #388 4.3 STREET ADDRESS TOOO KINGS HWY #388	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 1.4 CITY-ST-ZIP TITLE SD CURTIS, ASTRID STREET ADDRESS CITY-ST-ZIP OOD KINGS HWY #353 CITY-ST-ZIP TITLE TD DELETE STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE STREET ADDRESS CITY-ST-ZIP TO DELETE STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE STREET ADDRESS CITY-ST-ZIP TITLE TO DELETE STREET ADDRESS CITY-ST-ZIP TITLE TO DELETE STREET ADDRESS CITY-ST-ZIP TITLE TO STREET ADDRESS CITY-ST-ZIP TITLE TO DELETE TITLE TO DELETE	TITLE	** =	L DELETE			PRES & DIRECTOR	Change	N	
CITY-ST-ZIP PORT CHARLOTTE FL 1.4 CITY-ST-ZIP TITLE SD □ DELETE 2.1 TITLE □ Change □ Addition NAME CURTIS, ASTRID STREET ADDRESS 1000 KINGS HWY #353 CITY-ST-ZIP PORT CHARLOTTE FL 2.4 CITY-ST-ZIP TITLE TD □ DELETE 3.1 TITLE □ Change □ Addition NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 STREET ADDRESS 1000 KINGS HWY #126 CITY-ST-ZIP PORT CHARLOTTE FL 3.4 CITY-ST-ZIP TITLE PO □ DELETE 4.1 TITLE □ DIRECTOR ON THE CHANGE □ Addition Change □ Addition Change □ Addition Change □ Addition	CITY-ST-ZIP PORT CHARLOTTE FL TITLE SD DELETE 2.1 TITLE NAME CURTIS, ASTRID STREET ADDRESS 1000 KINGS HWY #353 CITY-ST-ZIP PORT CHARLOTTE FL TITLE TD DELETE 3.1 TITLE NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 CITY-ST-ZIP PORT CHARLOTTE FL TITLE PO DELETE 3.4 CITY-ST-ZIP TITLE PO DELETE 4.1 TITLE DIRECTOR ONLY NAME FORD, HENRY STREET ADDRESS 1000 KINGS HWY #388 4.3 STREET ADDRESS 1000 KINGS HWY #388	T CHARLOTTE FL	CITY-ST-ZIP	NAME	• • • • • • • • • • • • • • • • • • • •						į	
TITLE SD DELETE 2.1 TITLE CHANGE Addition NAME CURTIS, ASTRID STREET ADDRESS 1000 KINGS HWY #353 CITY-ST-ZIP PORT CHARLOTTE FL TITLE TD DELETE 3.1 TITLE NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 STREET ADDRESS 1000 KINGS HWY #126 PORT CHARLOTTE FL TITLE PO DELETE 4.1 TITLE DIRECTOR ONLY STREET ADDRESS PORT CHARLOTTE FL TITLE PO DELETE 4.1 TITLE DIRECTOR ONLY SCHANGE Addition Addition Change Addition	TITLE SD DELETE 2.1 TITLE NAME CURTIS, ASTRID STREET ADDRESS CITY-ST-ZIP TOD NAME HARDING, CHARLES F STREET ADDRESS CITY-ST-ZIP TOTLE NAME HARDINGS HWY #126 STREET ADDRESS CITY-ST-ZIP TITLE PO DELETE 1. OELETE 1. OELETE 4. TITLE DELETE DELETE DELETE DELETE 1. OELETE DELETE DELETE DELETE 1. OELETE DELETE DELETE DELETE 1. OELETE DELETE	DELETE 2.1 TITLE Change Addition ITIS, ASTRID 2.2 NAME 2.3 STREET ADDRESS IT CHARLOTTE FL DELETE 3.1 TITLE Change Addition DING, CHARLES F 3.2 NAME	DELETE	STREET ADDRESS	1		. 1					
NAME CURTIS, ASTRID STREET ADDRESS 1000 KINGS HWY #353 CITY-ST-ZIP PORT CHARLOTTE FL 11ILE TD DELETE 11 TILE NAME HARDING, CHARLES F STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 32 NAME STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL DELETE 41 TITLE DIRECTOR ONLY Change Addition	NAME CURTIS, ASTRID STREET ADDRESS 1000 KINGS HWY #353 CITY-ST-ZIP PORT CHARLOTTE FL DELETE 31 TITLE NAME HARDING, CHARLES F STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 32 NAME 33 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 1000 KINGS HWY #126 34 CITY-ST-ZIP TITLE PD DELETE 41 TITLE NAME FORD, HENRY STREET ADDRESS 1000 KINGS HWY #388 43 STREET ADDRESS 43 STREET ADDRESS 44 NAME 44 NAME 44 NAME 44 STREET ADDRESS	22 NAME 23 STREET ADDRESS 23 STREET ADDRESS 24 CITY-ST-ZIP	NAME CURTIS, ASTRID 2.2 NAME 2.3 STREET ADDRESS 1000 KINGS HWY #353 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP					T-ZIP				
STREET ADDRESS 1000 KINGS HWY #353 23 STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL TITLE TD DELETE STREET ADDRESS CITY-ST-ZIP TO DELETE 31 TITLE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TO DELETE 34. CITY-ST-ZIP TITLE PO DELETE 41 TITLE NAME FORD, HENRY STREET ADDRESS 1000 KINGS HWY #388 4.3 STREET ADDRESS	2.3 STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	STREET ADDRESS 1000 KINGS HWY #353 2.3 STREET ADDRESS			☐ DELETE				Change L Additio	П	
CITY-ST-ZIP PORT CHARLOTTE FL TITLE TD DELETE 31 TITLE STREET ADDRESS CITY-ST-ZIP DOC KINGS HWY #126 CITY-ST-ZIP DELETE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE DIRECTOR ONLY Change Addition Addition Change Addition Addition Addition Addition Addition Change Addition Addition Addition Addition Addition Change Addition	CITY-SI-ZIP PORT CHARLOTTE FL TITLE TD DELETE 31 TITLE NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 PORT CHARLOTTE FL TITLE PD DELETE 41 TITLE NAME FORD, HENRY STREET ADDRESS 1000 KINGS HWY #388 4.3 STREET ADDRESS	CHARLOTTE FL 2 4 CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition Change Change Change Addition Change Cha	CITY-SI-ZIP		T						i	
TITLE TD □ DELETE 31 TITLE □ Change □ Addition NAME HARDING, CHARLES F 32 NAME STREET ADDRESS 1000 KINGS HWY #126 33 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 34.CITY-ST-ZIP TITLE PD □ DELETE 4.1 TITLE D: N = Cong of N = N = N = N = N = N = N = N = N = N	TITLE TD DELETE 3.1 TITLE CF NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 CITY-ST-ZIP PORT CHARLOTTE FL TITLE PD DELETE 4.1 TITLE NAME FORD, HENRY STREET ADDRESS 1000 KINGS HWY #388 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.3 STREET ADDRESS	DELETE 31 TITLE Change Addition DING, CHARLES F 32 NAME	TITLE TD DELETE 31 TITLE Change Addition NAME HARDING, CHARLES F STREET ADDRESS CITY-ST-ZIP TITLE PO DELETE 41 TITLE POR DELETE ADDRESS Addition NAME FORD, HENRY DELETE 4.1 TITLE DIRECTOR ONLY Addition	\					ļ			
NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 CITY-ST-ZIP PORT CHARLOTTE FL 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP TITLE PD □ DELETE 41 TITLE DIRECTOR ONLY SCHange □ Addition	NAME HARDING, CHARLES F STREET ADDRESS 1000 KINGS HWY #126 CITY-ST-ZIP PORT CHARLOTTE FL TITLE PO DELETE 4.1 TITLE NAME FORD, HENRY STREET ADDRESS 1000 KINGS HWY #388 4.3 STREET ADDRESS 4.3 STREET ADDRESS	DING, CHARLES F 32 NAME	NAME HARDING, CHARLES F 32 NAME STREET ADDRESS 1000 KINGS HWY #126 33 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 34. CITY-ST-ZIP TITLE PO □ DELETE 4.1 TITLE D : R = Corr & N = S Change □ Addition NAME FORD, HENRY 4.2 NAME □ PERT Corr & N = S □ Addition			I neiete		ST-ZIP		Change Addition		
STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 3.4.CITY-ST-ZIP TITLE PD DELETE 4.1 TITLE DIRECTOR SALA, STREET ADDRESS 3.3 STREET ADDRESS 3.4.CITY-ST-ZIP DIRECTOR SALA, STREET ADDRESS 3.4.CITY-ST-ZIP Addition	STREET ADDRESS 1000 KINGS HWY #126 33 STREET ADDRESS	• • • • • • • • • • • • • • • • • • •	STREET ADDRESS 1000 KINGS HWY #126 33 STREET ADDRESS		·-					ET OURHRA ET MODITO	,,	
CITY-ST-ZIP PORT CHARLOTTE FL TITLE PD DELETE 4.1 TITLE DIRECTOR SALL CHARGE Addition	CITY-ST-ZIP PORT CHARLOTTE FL TITLE PO DELETE 41 TITLE NAME FORD, HENRY STREET ADDRESS 1000 KINGS HWY #388 4.3 STREET ADDRESS TOOK KINGS HWY #388		CITY-ST-ZIP PORT CHARLOTTE FL TITLE PD DELETE 4.1 TITLE DIRECTOR ONLY Change Addition NAME FORD, HENRY 34. CITY-ST-ZIP DELETE 4.1 TITLE DIRECTOR ONLY Addition		l			1000-00				
TITLE PO DELETE ATTITLE DIRECTOR SALL Change Addition	TITLE PD DELETE 4.1 TITLE DIRECTOR ONLY STREET ADDRESS 1000 KINGS HWY #388 4.3 STREET ADDRESS 4.1 STREET ADDRESS	Y Company of the comp	TITLE PO DELETE 41 TITLE DIRECTOR ONLY Change Addition NAME FORD, HENRY		1							
DIRECTOR OF LINE	NAME FORD, HENRY STREET ADDRESS 1000 KINGS HWY #388 4.2 NAME 4.3 STREET ADDRESS	I CHANLOTTE FL 33.4.CHY-ST-ZIP St. Change Landillion	NAME FORD, HENRY 4/2 NAME			DELETE	· · · · · · · · · · · · · · · · · · ·	S1-ZIP	Non-manage and a	Change Additio	n.	
I NAME I DECIMAL MANAGEMENT	STREET ADDRESS 1000 KINGS HWY #388 4.3 STREET ADDRESS	D DENDY					, , , , , ,		DIRECTOR BALL	Las Orango Las Publico	"	
	· · · · · · · · · · · · · · · · · · ·		STREET WOMESS TOTO MINOS LIAM BOOD					r annuree	{			
						S LDELETE		21 - C.IF	ъ	Change K Additio	'n	
		DELETE 5.1 TITLE 1 Channe 1 Channe		! [*~4				Something and the second		
STREET ADDRESS 1000 KINGS HIGHWAY #201 53 STREET ADDRESS LOOP KINGS HOW # 471	STREET ADDRESS 1000 KINGS HIGHWAY #201 53 STREET ADDRESS LOOP KINGS HOW # 471	DELETE 5.1 TITLE D Change Addition FF KATHRYN 5.2 NAME 5.2 NAME 5.2 NAME 5.3 NAME 5.4 NAME 5.4 NAME 5.5 NAME	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			1			wood Kines Hung # 471			
CITY ST. 71P PORT CHARLOTTE FI		LFE. KATHRYN 52 NAME LEON FORD	NAME WOLFE, KATHRYN 52 NAME LEDN FORD	! 1			3.0 OTHER					
AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	CITY. ST. 7IP PORT CHARLOTTE EL	LFE, KATHRYN 52 NAME LEON FORD S3 STREET ADDRESS LEON FORD WINGS HIGHWAY #201 53 STREET ADDRESS	NAME WOLFE, KATHRYN STREET ADDRESS 1000 KINGS HIGHWAY #201 52 NAME 53 STREET ADDRESS GOOD KINGS HIGHWAY #201		1	•	5.4 City 9		PART CHARLAMEN E.			
	CITY-ST-ZIP PORT CHARLOTTE FL. 54 CITY-ST-ZIP PORT CHARLOTTE FL.	LFE, KATHRYN 5.2 NAME 5.3 STREET ADDRESS TO CHARLOTTE FL 5.4 CITY-ST-ZIP FOR D COOK LINES HEW # 471 5.4 CITY-ST-ZIP FL	NAME WOLFE, KATHRYN STREET ADDRESS 1000 KINGS HIGHWAY #201 CITY-ST-ZIP PORT CHARLOTTE FL 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP FORT CHARLOTTE FL 5.4 CITY-ST-ZIP FORT CHARLOTTE FL		PORT CHARLOTTE FL				PORT CHARDETTE, FL	Change Additio	<u>_</u>	
TITLE D L. Change L. Additio	CITY-ST-ZIP PORT CHARLOTTE FL. TITLE D DELETE 6.1 TITLE 5.4 CITY-ST-ZIP PORT CHARLOTTE FL. CHARLOTTE FL. CHARLOTTE FL.	LFE, KATHRYN 5.2 NAME 5.3 STREET ADDRESS 1. CHARLOTTE FL DELETE 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition	NAME WOLFE, KATHRYN STREET ADDRESS 1000 KINGS HIGHWAY #201 CITY-ST-ZIP PORT CHARLOTTE FL D DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP FORT CHARLOTTE FL Change Addition	TITLE	PORT CHARLOTTE FL D		6.1 TITLE		PORT CHARDETT, FL	Change Additio	n	
			TITLE D □ Change L® Addition	TITLE		b⊴ pelete	5.1 TITLE			L. Change 🛂 Additio	U	
NAME WOLFE, KATHRYN 52 NAME LEON FORD	NAME WOLFE, KATHRYN 52NAME LEON FIRE	,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	NAME]	Wolfe, Kathryn		5.2 NAME		LEON FORD			
STREET ADDRESS 1000 KINGS HIGHWAY #201 53 STREET ADDRESS 1000 KINGS 1100 KING	I STREET ADDRESS I 1000 I KINGS MIGHWAY #201 # 53 STREET ADDRESS I 1000 K 1065 TTWA " 7 / /	LFE, KATHRYN 52 NAME LEON FORD	NAME WOLFE, KATHRYN 52 NAME LEDN FORD	STREET ADDRESS	i toxu kings highway #20°	Ī	5.3 STREET	ADDRESS	I RODA KINGS ALMA A SI			
GIT-SI-ZIF TOTAL CHARLOTTE 54 GIT-SI-ZIF TOTAL CHARLOTTE FL.	DODT CHAPLOTTE EL	LFE, KATHRYN 52 NAME KINGS HIGHWAY #201 53 STREET ADDRESS 600 K LNCS Hung # 471	NAME WOLFE, KATHRYN STREET ADDRESS 1000 KINGS HIGHWAY #201 52 NAME 53 STREET ADDRESS GOOD KINGS HIGHWAY #201	1 CHY.SE.7P	1		F 4 517'4 4		Dans Credition			
	CITY-ST-ZIP PORT CHARLOTTE FL. 54 CITY-ST-ZIP PORT CHARLOTTE FL.	LFE, KATHRYN 52 NAME 53 STREET ADDRESS TO CHARLOTTE FL 54 CITY-ST-ZIP FOR D 60 K LNCS HOW # 471 54 CITY-ST-ZIP FOR D 60 K LNCS HOW # 471 64 CITY-ST-ZIP FOR D 65 NAME 66 NAME 67 CHARLOTTE FL	NAME WOLFE, KATHRYN STREET ADDRESS 1000 KINGS HIGHWAY #201 CITY-ST-ZIP PORT CHARLOTTE FL 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP FORT CHARLOTTE FL 5.4 CITY-ST-ZIP FORT CHARLOTTE FL		PORT CHARLOTTE FL				PORT CHARLOTTE, FL	Channe Addition	<u> </u>	
TITLE D L. Change L. Additio	CITY-ST-ZIP PORT CHARLOTTE FL. TITLE D DELETE 6.1 TITLE 5.4 CITY-ST-ZIP PORT CHARLOTTE FL. CHARLOTTE FL. CHARLOTTE FL.	LFE, KATHRYN 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CHARLOTTE FL DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE Change Addition	NAME WOLFE, KATHRYN STREET ADDRESS 1000 KINGS HIGHWAY #201 CITY-ST-ZIP PORT CHARLOTTE FL DELETE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP FORT CHARLOTTE FL Change Addition	TITLE	PORT CHARLOTTE FL D		6.1 TITLE		PORT CHARDETT, FL	Change Additio	n	
	CITY-ST-ZIP PORT CHARLOTTE FL 54 CITY-ST-ZIP PORT CHARLOTTE FL. TITLE D DELETE 6.1 TITLE NAME WITTMER, EDWARD 54 CITY-ST-ZIP 54 CITY-ST-ZIP FL. 62 NAME	LFE, KATHRYN 5.2 NAME 5.3 STREET ADDRESS 1.1 CHARLOTTE FL DELETE 6.1 TITLE 6.2 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP WORT CHARLOTTE FL Change Addition Change Addition	NAME STREET ADDRESS 1000 KINGS HIGHWAY #201 5.3 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL TITLE D DELETE NAME WITTMER, EDWARD 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.2 NAME 5.2 NAME 6.3 STREET ADDRESS 6.4 TITLE 6.5 NAME 6.5 NAME 6.5 NAME	TITLE	PORT CHARLOTTE FL D WITTMER, EDWARD		6.1 TITLE		PORT CHARDETT, FL	Change ☐ Additio	n	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

PORT CHARLOTTE FL

FILED

Feb 13 1997 8:00am

Secretary of State