

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F26421 (0)

1. Corporation Name

VICTORY PROPERTY CORPORATION



Principal Place of Business

8270 COLLEGE PKWY STE 205
FT. MYERS FL 33919-2192
US

Mailing Address

8270 COLLEGE PKWY STE 205
FT. MYERS FL 33919-2192
US

3. Date Incorporated or Qualified
03/23/1981

3a. Date of Last Report
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2082210

Applied For

Not Applicable

22 St 889 111th Avenue North
23 Ci Naples, Florida 33963-1805

27 St 889 111th Avenue North
28 C Naples, Florida 33963-1805

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

24 Zip Country
25 US

29 Zip Country
30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, GEMMA C.
8280 COLLEGE PKWY, SUITE 201
8270 COLLEGE PKWY STE 205
FT. MYERS FL 33919

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

889 111th Avenue North
Naples, Florida 33963-1805

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 607.1505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Gemma C. Wilson

Gemma C. Wilson 5/18/96

12. OFFICERS AND DIRECTORS

TITLE CD
NAME WILSON, DOUGLAS
STREET ADDRESS 8270 COLLEGE PKWY STE 205
CITY-ST-ZIP FT MYERS, FL 00000

☐ DELETE

TITLE PDT
NAME WILSON, MARK D.
STREET ADDRESS 8270 COLLEGE PKWY STE 205
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE S
NAME WILSON, GEMMA C.
STREET ADDRESS 8270 COLLEGE PKWY STE 205
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 889 111th Avenue North
1.4 CITY-ST-ZIP Naples, Florida 33963-1805

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 889 111th Avenue North
2.4 CITY-ST-ZIP Naples, Florida 33963-1805

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 889 111th Avenue North
3.4 CITY-ST-ZIP Naples, Florida 33963-1805

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gemma C. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/96 (941) 592-1400
Date Daytime Phone #

CR2E034 (12/95)