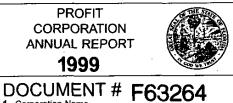
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90079 027 ***150.00

1 (##105 III) ##106 (#II)		#
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	ELMIN DIEL BEN DINEL DINE	

MCLAUGHLIN'S G	ARDEN CIT	Y NURSEF	Y INC.		
	•				

Principal Place	e of Business	Mailing Address								
16340 OLD US	HWY 41 S	16340 OLD HWY 41 S				•				
FT MYERS FL 3										
US		FT MYERS FL 33912				DO NOT WRITE IN THIS SPACE				
	,	US		3. Date Incorporated or Qualifed						
						01/14/1982				
2 Principal P	ace of Business	2a. Mailing Address				4. FEI Number	_ <i></i>	Apr	lied For	
 - ' '	ace of Dusiness	⊢ ,				59-2160006	-		Applicable	
21		26				39 2 100000	• •		dditional	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		ee Rec		
22		27							` ——	
City & State City & State		. ,		.	6. Election Campaign Financing			May Be_		
23	· ·	28				Trust Fund Contribution	A	dded to	rees	
Zip	Country	Zip	_ Coun	itry		This corporation owes the current			_	
24	25	29 30)			Personal Property Tax.	☐ Ye	s l	□No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	egistered Agent			
-			1	81	Name					
MCL	aughlin, terrence J.		L							
	0 OLD US 41 S		J;	82	Street Add	ress (P.O. Box Number is Not Acceptat	ole))	
	IYERS FL 33912		1	83			.			
L1 M	IIERO FE 33912		1'	83						
				84	City		(85	Zip C	ode	
				-	Oily		FL			
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes,	the ab	ove-	named con	poration submits this statement for the p	ourpose of chang	ing its r	registered	
office or re	egistered agent, or both, in the State o	if Florida. Such change was auth	orized	by tr	he corporati	ion's board of directors. I hereby accept	the appointmen	as reg	istered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	a Statui	ies.					}	
SIGNATURE							DATE			
	Signature, typed or printed name of registered agent		13.	Agent :	signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFF		ECTO	3S IN 12	
12.	OFFICERS AND					ABBITIONS/CHANGES TO GIT		hange	Addition	
TITLE	Р	☐ DELETE	1.1 TITL				L, v	unigo		
NAME	MCLAUGHLIN, TERRENCE J		1.2 NAN	ME					1	
STREET ADDRESS	16340 OLD US HWY 41 SOUTH	l	1.3 STR	REETA	ADDRESS				1	
CITY-ST-ZIP	FORT MYERS FL		1.4 CIT	Y-ST-	ZIP					
TITLE	ST	☐ DELETE	2.1 TITL	Æ			C	hange	☐ Addition	
NAME	MCLAUGHLIN, THOMAS J	_	2.2 NAN	4F					ł	
	16340 OLD US 41 S				LECOPEOC					
STREET ADDRESS					ADORESS					
CITY-ST-ZIP	FT MYERS, FL 00000		2. 4 CIT		-ZIP				- Addition	
TITLE	VP	□ DELETE	3.1 TITL	LE			Lic	hange	Addition	
NAME -	SAPP, MARGARET	•	3.2 NAM	ME)	
STREET ADDRESS	16340 OLD US 41 SOUTH		3.3 STR	REETA	ADDRESS				\	
CITY-ST-ZIP	FORT MYERS FL		3.4. CIT	Y-ST	-ZIP					
TITLE	V	☐ DELETE	4.1 TITL				□ C	hange	☐ Addition	
NAME	MCLAUGHLIN, TIMOTHY		4.2 NA							
					1000000				-	
STREET ADDRESS	16340 OLD US HWY 41				ADDRESS					
CITY-ST-ZIP	FORT MYERS FL		4.4 CIT		ZIP					
TITLE		☐ DELETE	5.1 TITE					hange	☐ Addition	
NAME	: 		5.2 NAM	ME						
STREET ADDRESS			5.3 STR	REET	ADDRESS					
CITY-ST-ZIP			5.4 CIT	Y-ST-	ZIP				}	
TITLE		☐ DELETE	6.1 TITL	LE				hange	☐ Addition	
		<u>_</u>	6.2 NA	ME			_	-	}	
NAME			1						1	
STREET ADDRESS	•		6.3 STR	REET A	ADDRESS					

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 if 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 suster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachy with an agrees with all other like empowered. CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: