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

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **F93082** **(8)**

1. Corporation Name

**FLORIDA RESORT & DEVELOPMENT PROPERTIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 15941 CATALPA COVE DR<br>PO BOX 06207<br>FT MYERS FL 33906<br>US | 15941 CATALPA COVE DR<br>P. O. BOX 60207<br>FT MYERS FL 33906<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/03/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2214180 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

FLUHARTY, GARY A
5510 BURNHAM CT.
N.FORT MYERS FL 33903

**10. Name and Address of New Registered Agent**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 23 Carrotwood Ct.

83

84 City: Ft. Myers FL 85 Zip Code: 33919

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: _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☒ Change ☐ Addition |
| NAME | FLUHARTY, GARY A | 12 NAME | |
| STREET ADDRESS | P.O. BOX 06207, NA | 13 STREET ADDRESS | P. O. BOX 60207 |
| CITY-ST-ZIP | FORT MYERS FL | 14 CITY-ST-ZIP | |
| TITLE | | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | 500001827645 |
| STREET ADDRESS | | 43 STREET ADDRESS | -05/20/96--01007--021 |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | ***225.00 |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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 attached sheet with an address.

**SIGNATURE:** _____ 4/18/96 941454 6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #