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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 09 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G06402

(3)

| EDDY HO  | OVEY DESIGNER PACKAG   | Mailing Address   | 14.  |  |   |
|--|--|---|--|--|---|
| % KENNETH W. RICHMAN, JR.<br>8100 TRAIL BOULEVARD<br>NAPLES FL 33963 |  | % KENNETH W. RICHMAN. JR.<br>8100 TRAIL BOULEVARD<br>NAPLES FL 34108-2527 |  |  | 1.  |
|  |  |   |  | 3. Date Incorporated or Qualified 10/29/1982   | 3a. Date of Last Report<br>07/31/1996                               |
|  | lace of Business   | 2a. Mailing Address   |  | 4. FEI Number  | Applied For   |
| Sulte, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  | 59-2225486   | Not Applicable \$8.75 Additional                                    |
| 22   |  | 27  |  | 5. Certificate of Status Desired   | Fee Required  |
| City & State   |  | City & State  |  | 6. Election Campaign Financing   | \$5.00 May Be   |
| Zip  | Country  |   | Country  | Trust Fund Contribution  | Added to Fees   |
| 24   | 25   |   | 30   | 8. This corporation has liability for i  | ntangible tax under s. 199.032,<br>Tyes Tho                         |
|  | 9. Name and Address of Curre   | nt Registered Agent   |  | 10. Name and Address of New Re   |   |
|  | EY, EDNA E.  |   | 81 Name  |  |   |
|  | TRAIL BLVD.  |   | 82 Street Addr                                   | ess (P.O. Box Number is Not Acceptab   | le)   |
| NAPI   | LES FL 33963   |   | 83   |  |   |
|  |  |   |  |  |   |
|  |  |   | 84 City  |  | FL 85 Zip Code  |
| 11. Pursuant office or r   | to the provisions of Sections 607.050 egistered agent, or both, in the State | 02 and 607.1508, Florida Statule<br>of Florida. Such change was a         | s, the above-named corputherized by the corporal | oration submits this statement for the p<br>ion's board of directors. I hereby accep | ourpose of changing its registered of the appointment as registered |
| 4  | m familiar with, and accept the oblig  | ations of, Section 607.0505, Flo  | rida Statutes                                    | ,  |   |
| SIGNATURE  | Signature, typed or printed name of registered ag                            | ent and little if applicable (NOTE  | Registered Agent signature require               | ed when reinstating)   | DATE  |
| 12.  |  | D DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFIC   | CERS AND DIRECTORS IN 12  |
| TITLE  | PD POLICE FORM   | L_ DELETE   | 1.1 TRLE   |  | Change Addition   |
| NAME   | HOVEY, EDNA<br>8100 TRAIL BLVD   |   | 1.2 NAME   |  |   |
| STREET ADDRESS -   | NAPLES, FL 00000   |   | 1.3 STREET ADDRESS                               |  |   |
| TITLE  | SD   | DELETE  | 1.4 C(TY - \$1 - 2(P)<br>2.1 Tills               |  | Change Addition   |
| NAME   | HOVEY, JOHN P  |   | 2.2 NAME   |  |   |
| STREET ADDRESS   | 8100 TRAIL BLVD  |   | ₹.3 STREET ADDRESS                               |  |   |
| CITY-ST-ZIP  | NAPLES, FL 00000   | OF EXE  | \$. 4 CITY- ST-ZIP                               |  |   |
| TITLE  |  | ☐ DELETE  | \$.1 T(TLE                                       |  | Change  |
| NAME<br>STREET ADDRESS   |  |   | 8.2 NAME<br>8.3 STREET ADDRESS                   |  |   |
| CITY-ST-ZIP  |  |   | 8.4. CITY-ST-ZIP                                 |  |   |
| TITLE  |  | DELETE  | 4.1 THLF   |  | Change Addition   |
| NAME   |  |   | 4. 2 NAME  |  |   |
| STREET ADDRESS   |  |   | 4.3 STREET ADDRESS                               |  |   |
| CITY-ST-7IP<br>TITLE   |  | DELETE  | 4.4 C(1Y - S1 - Z(P)<br>5.1 T(1) LE              |  | Change Addition   |
| NAME   |  | EJ PECETE   | 5.1 TILLE<br>5.2 NAME                            |  | LI charge LI Addition   |
| STREET ADDRESS   |  |   | 53 STREET ADDRESS                                |  |   |
| CITY-ST-ZIP  |  |   | 5.4 CITY - ST - ZIP                              |  |   |
| TITLE  |  | DELETE  | 16.1 TITLE                                       |  | Change Addition   |
| NAME   |  |   | 6.2 NAME   |  |   |
| STREET ADDRESS   |  |   | 6.3 STREET ADDRESS                               |  |   |

GNATURE: 4-28-97 941-598-3900

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 logal effect as if made under eath; that I am an officer or director of the convertion or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if offinged, or optimizationment with an address.