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

PROFIT CORPORATION ANNUAL REPORT 1997

THE REPORT OF THE PARTY OF THE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # G76396

(2)

JCS OF LEE COUNTY, INC.

FILED
Apr 21 1997 8:00am
Secretary of State



·									
Principal Place of Business Mailing Address						EHH BIBER BIBIN	(
12670 NEW BRITTANY BLVD. 12670 NEW BRITTANY BLVD.									
SUITE 101 FT, MYERS FL 33907	FT. MYERS FL 33907-3650								
					Date Incorporated or Qualifi 01/01/1984				
2. Principal Place of Business	2a. Mailing Address				4. FEI Number		····	plied For	
21	26				59-2544179	2544179 Not Applicable			
Sulte, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75		
22	27				• Continuate of Claims Boomed		Fee Re		
City & State	City & State				Election Campaign Financin Trust Fund Contribution	g 	\$5.00 Added t		
Zip Country	Z _I p Country				8. This corporation has liability for intangible tax under s. 199.032,				
24 25	29] 30				Florida Statutes X Yes No 10, Name and Address of New Registered Agent				
9, Name and Address of Curren	t Registered Agent	8	1 Name		10, Name and Address of New	Registered	Agent		
MICHS, JOHN D.			Robert D. Royston, Jr., P.A.						
7287 LAKE DRIVE FORT MYERS FL 33908			2 Street A	Addres:	s (P.O. Box Number is Not Acce 670 New Brittar	otable)	გ. s+	_ 101	
FUNI MIENS PL 33800	10	8	3		OTO NOW BEACCUI	IY DIV	u., 00	<u>.e 101</u>	
	V1///				<u></u>				
	//m	į	4 City	For	rt Myers,	FL	_ 33	Dode 907	
11. Pursuant to the provisions of section (1) office or registered agenty of both 19 to half	an 607, 100, Florida Statuto	es, the abo	ve-named	corpora	ation submits this statement for t is board of directors. I hereby a	ne purpose o	of changing its pointment as	s registered registered	
agent. I am familiar with and age of the objust	Nows of Section 607.0505, Flo	orida Statu <u>l</u>	es.	46 DI	1 = 2		11.100		
SIGNATURE	and the if applicable (NOTE	507 L	I KUY	(3/0/	when reinstating)	DATE	111174		
Signature figled of finish finish to regulate the state of the state o		13.	gan signatore	requireu	ADDITIONS/CHANGES TO O		ID DIRECTOR	IS IN 12	
TITLE D	DELETE	1,1 TITLE		1			Change	Addition	
NAME MYERS, JOHN D.		1.2 NAM	E						
STREET ADDRESS 7287 LAKE DRIVE		1.3 \$TRE	E1 ADDRESS						
CITY-ST-ZIP FT MYERS FL		1.4 CITY	- ST - ZIP				<u>-</u>		
TITLE DST	∐ DELETE	2.1 TITLE		Ρ,			Change	X Addition	
NAME MYERS, CHERYL A.		: 2.2 NAM							
STREET ADDRESS 7287 LAKE DRIVE CITY-ST-7IP FT MYERS FL			ET ADDRESS		570 New Brittan		d. Ste	101	
TITLE			-ST-ZIP	For	t Myers, FL 3	3907	Change	Addition	
MAME	L DELETE 3.1 T								
STREET ADDRESS			et adoress						
CITY-ST-ZIP		3.4. CITY							
TITLE	DELETE 4.1T			<u> </u>			Change	Addition	
NAME		4. 2 NAN	IE					ļ	
STREET ADDRESS		4.3 STRE	E1 ADDRESS						
CITY-ST-ZIP		4.4 CHY	- ST - ZIP						
TITLE	☐ DELETE	5.1 THLE					Change	☐ Addition	
NAME		5.2 NAM							
STREET ADDRESS		. I	ET ADDRESS						
City-st-ziP	DELETE	5.4 CITY 6.1 Tri LE		<u> </u>			Change	Addition	
TITLE	ן בו הנננוג	6.2 NAM					Fin Anange	roution	
NAME STREET ADDRESS			et address						
CITY-ST-ZIP		6.4 CITY							
14. I do hereby certify that the information supplies	d with this filing does not qualif			tated in	Section 119.07(3)(i), Florida Sta	tutes. I furth	er certify that	the	

I have a statuted as the information supplied with this stilling does not quality for the exception 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 early; 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.