FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **G94281** **(4)**

1. Corporation Name
CUNNINGHAM-LIMP OF FLORIDA, INC.

Principal Place of Business	Mailing Address
10681 AIRPORT ROAD NORTH SUITE 23 NAPLES FL 33942	10681 AIRPORT ROAD NORTH SUITE 23 NAPLES FL 34109-7332

3. Date Incorporated or Qualified: 03/26/1984
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: 34109
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-2387721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: XX **$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

9. Name and Address of Current Registered Agent

DONALDSON, DAVID A
4820 BAYSHORE DR,
SUITE F
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name: David A. Donaldson
82 Street Address (P.O. Box Number is Not Acceptable): 10681 Airport Road North #23
83:
84 City: Naples **FL** 85 Zip Code: 34109

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: X [signature] 1/17/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	DONALDSON, DAVID A.		1.2 NAME	DONALDSON, DAVID A.	
STREET ADDRESS	4820 BAYSHORE DR #F		1.3 STREET ADDRESS	10681 AIRPORT ROAD NO #23	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VP	☐ DELETE	2.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	DONALD, KEGLEY		2.2 NAME	KEGLEY, DONALD	
STREET ADDRESS	38799 WEST 12 MILE ROAD #100		2.3 STREET ADDRESS	38799 WEST 12 MILE ROAD #100	
CITY-ST-ZIP	FARMINGTON HILLS MI		2.4 CITY-ST-ZIP	FARMINGTON HILLS MI 48331	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 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: [signature] 1/17/97 (941) 513-1200