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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

MCREEVIE, GALE, AND ASSOCIATES D.V.W. F.A.		
Principal Place of Business	Mailing Address	
920 COUNTRY CLUB BOULEVARD CAPE CORAL FL 33990	920 COUNTRY CLUB BOULEVARD CAPE CORAL FL 33990	
		3. D
2. Principal Place of Business	2a. Mailing Address	4. FI
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>5.</b> C
City & Stale	City & State	

**FILED** Apr 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE ate Incorporated or Qualified 1/10/1986 l Number Applied For 59-262602 Not Applicable \$8.75 Additional ertificate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zιρ 8. This corporation owes or has paid the current year Intangible ☐ Yes Personal Property Tax due June 30. 29 30 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCKELVIE, MILTON J., D.V.M. 920 COUNTRY CLUB BLVD. Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33990 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition Change DELETE TITLE 1.1 TITLE NAME MCKELVIE, MILTON J. 1.2 NAME 920 COUNTRY CLUB BLVD 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ DELETE 21 TITLE TITLE NAME GALE, ANDREW J III 2.2 NAME STREET ADDRESS 920 COUNTRY CLUB BLVD 2.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change Addition DELETE TITLE 31 TITLE WHITFORD, CHARLES NAME 3.2 NAME STREET ADDRESS 920 COUNTRY CLUB BYLD 3.3 STREET ADDRESS CAPE CORAL FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE KROLL, WILLIAM 4 2 NAME NAME 920 COUNTRY CLUB BLVD STREET ADDRESS 4.3 STREET ADDRESS CAPE CORAL FL 4.4 CITY-SY-ZIP CITY - ST - ZIP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 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: