

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

**FILED**  
**Apr 10 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 # J24603 (9)**  
 1. Corporation Name  
**EXCEL CONSTRUCTION OF S.W. FLORIDA, INC.**



Principal Place of Business Mailing Address

**8595-9 COLLEGE PKWY  
 1700 MEDICAL LANE #3  
 FT. MYERS FL 33919  
 US**

**8595-9 COLLEGE PKWY  
 FT. MYERS FL 33919-5170  
 US**

2. Principal Place of Business 2a. Mailing Address

21 **8595-9 COLLEGE PKWY.** 26 **8595-9 COLLEGE PKWY**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 **FT. MYERS, FLORIDA** 28 **FT. MYERS, FLORIDA**

Zip Country Zip Country

24 **33919** 25 **LEE** 29 **33919** 30 **LEE**

3. Date Incorporated or Qualified **07/17/1986** 3a. Date of Last Report **07/03/1996**

4. FEI Number **59-2789560** 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**STRIP, JEFFREY A.  
 8595-9 COLLEGE PARKWAY  
 SUITE 8  
 FT. MYERS FL 33919**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRIP, ANTHONY P.</b>	1.2 NAME	
STREET ADDRESS	<b>8595-9 COLLEGE PARKWAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRIP, MARCIA</b>	2.2 NAME	
STREET ADDRESS	<b>8595-9 COLLEGE PARKWAY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FORT MYERS FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STRIP, JEFFREY A.</b>	3.2 NAME	
STREET ADDRESS	<b>8595-9 COLLEGE PARKWAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. MYERS FL</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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]* **President EXCEL CONSTR SW FL INC 4/11/97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **4-11-97**

CR2E034 (9/96)