SECOND NOTICE: CORPORATION WILL BE VI3SOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Focretary of State **DIVISION OF CORPORATIONS**

1997

Principal Place of Business

DOCUMENT #

(7)

TERRY CASUALS OF THE PAVILION, INC.

Mailing Address

878 VANDERBILT BEACH ROAD NAPLES FL 33962 US	13300-53 S. CLEVELAND AVENUE FT. MYERS FL 33907 US		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified	3a. Date of Last Report		
			09/05/1986	02/13/1996		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
ห	26 2159 ANDE	EA LANE	59-2727970	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	3	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State	City & State 28 Ft. MUERS	FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country	Zip Cor	untry 4	8. This corporation owes or has pai Personal Property Tax due June			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
HAMES, EUGENE		81 Name				
105 GUADELOUPE LN. Bonita Spring Fl 33923		82 Street Addres	Address (P.O. Box Number is Not Acceptable)			
		83				
		84 City		FL 85 Zip Code		
 Pursuant to the provisions of Sections 607.0500 office or registered agont, or both, in the Stite agent, I am faciliar with, and accopt the obligation. 	of Florida. Such change was authorize tions of, Section 607.0505, Florida Sta	ed by the corporatio	ration submits this statement for the p in's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered		
SIGNATURE I MAIN I THE ARA LO						

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE Signature, types printed as no or register to Eucht and triber applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	HAMES, EUGENE F.		1.2 NAME				
STREET ADDRESS	105 GUADELOUPE LN.		1.3 STREET ADDRESS				
CITY-ST-ZIP	BONITA SPRING FL		1,4 CITY - ST - ZIP				
TITLE		☐ DELETE	2.1 TITLE	Change Addition			
NAME			2.2 NAME	200002267592			
STREET ADDRESS			2.3 STREFT ADDRESS	-08/14/9701126007			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP	****165.00 ****165.00			
TITLE		- DELETE	3.1 T(TL€	;: Change Addition			
NAME			3.2 NAME				
STREET DORESS			3.3 STREET ADDRESS				
CITY- T-ZIP			3.4. CITY - ST - ZIP				
TETLE!		☐ 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	$\langle \gamma \rangle$			
STREET ADDRESS			5.3 STREET ADDRESS	$(\mathcal{K}\mathcal{J})$			
CITY-ST-ZIP			5.4 CITY-S1-ZIP				
TITLE		☐ DELETÉ	61 TITLE	Change			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	•			

6.4 CITY-ST-ZIP 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.

FILED

97 AUG 11 PM 11: 07

SEGNETZELY OF STATE TALLAHASSEE, FLORIDA

pg.D

August 01, 1997

TERRY CASUALS OF THE PAVILION 2159 ANDREA LANE, SUITE D-3 FORT MYERS, FL., 33912

DIVISION OF CORPORATION ATTENTION: ANNUAL REPORTS P.O. BOX 6327 TALLAHASSEE, FL., 32314

DEAR SIR:

WE HAVE NEVER RECEIVED TO THE BEST OF OUR KNOWLEDGE THE ORIGINAL CORPORATE ANNUAL REPORT IN OUR OFFICE.

THE BOOKKEEPER WHO WAS WITH US AT THE TIME HAS NO RECOLLECTION OF SEEING THE ANNUAL REPORT

BASED ON THE ABOVE INFORMATION WE RESPECTFULLY REQUEST ABATEMENT OF THE PENALTIES FOR NON-FILING.

OUR CORPORATE OFFICE ADDRESS IS AS FOLLOWS, PLEASE CHANGE YOUR RECORDS.

TERRY CASUALS OF THE PAVILION 2159 ANDREA LANE, SUITE D-3 FORT MYERS, FL., 33912

SINCERELY,

PRESIDENT