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Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J70250**  
1. Corporation Name

GOPHER RIDGE II, INC.

Principal Place of Business <b>3003 TAMIAMI TRAIL NORTH NAPLES, FL 33940</b>	Mailing Address <b>3003 TAMIAMI TRAIL NORTH NAPLES, FL 33940</b>
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3. Date Incorporated or Qualified <b>04/28/1987</b>	3a. Date of Last Report <b>04/25/1996</b>
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2. Principal Place of Business 21 <b>3003 TAMIAMI TRAIL NORTH</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3003 TAMIAMI TRAIL NORTH</b> Suite, Apt. #, etc.	4. FEI Number <b>59-2800722</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 <b>NAPLES, FL</b>	27 City & State 28 <b>NAPLES, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
24 Zip <b>34103</b>	25 Country	29 Zip <b>34103</b>	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORA, TERRY L.**  
**3003 TAMIAMI TRAIL NORTH**  
**NAPLES, FL 33940**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V FLOOD, THOMAS J. 3003 TAMIAMI TRAIL NORTH NAPLES, FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	D COLLIER, BARRON G. II 3003 TAMIAMI TRAIL NORTH NAPLES, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VS FLORA, TERRY L. 3003 TAMIAMI TRAIL NORTH NAPLES, FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D READ, ISABEL COLLIER 3003 TAMIAMI TRAIL NORTH NAPLES, FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD COLLIER, MILES C. 3003 TAMIAMI TRAIL NORTH NAPLES, FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V TAYLOR, MICHAEL O. 3003 TAMIAMI TRAIL NORTH NAPLES, FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T CORINA, ROBERT D. 3003 TAMIAMI TRAIL NORTH NAPLES, FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

**000002163640**  
**-05/02/97--01061--045**  
**\*\*\*165.00**

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. I changed, or on an attachment with an address

SIGNATURE: Terry L. Flora Date: 4/22/97 Daytime Phone #: 941-261-4455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY L. FLORA

CR2E034 (9/96)