1-29-97 B- 1951 -C FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # J74553

(5)

ORRIE L. LYTELL, INC.

% ORRIE L. LY	DOD ROAD, S. E.	Mailing Address Norrie L. LYTELL 18525 ROSEWOOD ROAD. S. E. FT. MYERS FL 33912-6185								
							3. Date Incorporated or Qualified 05/19/1987		te of Last F 21/1996	Report
21	lace of Business	2a. Mailing Address 26					4. FEI Number 59-2812289			pplied For ot Applicable
Suite, Apt		Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional equired
City & Stat		City & State					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Zip 29	30 Cou	intry	·			Yes [] No	. 199.032
LVT	9, Name and Address of Currer	it Hegistered Agent		81	Name		10. Name and Address of New Reg	stered /	Agent	
1852	ELL, ORRIE L. 25 ROSEWOOD ROAD, S.E. MYERS FL 33912			82		Addres	s (P.O. Box Number is Not Acceptable	9)		
Fi.	MTCHS FL 33912		•	83						
				84	City			FL	85 Zip	Code
agent. I a SIGNATURE	Signariae rapid or printed rapid of registered age	ations of, Section 607.0505,	Florida Stal	utes	S.		's board of directors. I hereby accept	DATE		
TITLE	OFFICERS AND DIRECTORS Delete		13. 1.1 Ti	71 E	. 10		ADDITIONS/CHANGES TO OFFICE		X Change	Addition
NAME STREET ADDRESS	LYTELL, ORRIE L. 18525 ROSEWOOD ROAD, SE FT. MYERS FL		1.2 N/ 13 ST	AME REET	ADDRESS 18		TELL, ORRIE L. 525 ROSEWOOD ROAD, S	•		XOUIIIOII
CITY - S1 - ZIP TITLE	D	☐ DELETE	14 Ci		T-ZIP		. MYERS FL 33912		Change	Addition
NAME	LYTELL, LORRAINE 18525 ROSEWOOD ROAD, SE	line December	2.2 N		2 NAME LY		T, D TELL, LORRAINE		ET DIRINGE	L.J AUGINON
STREET ADDRESS CITY-ST-ZIP	FT. MYERS FL				ADDRESS St-Zip		525 ROSEWOOD ROAD, S	E		
TALE		DELETE	3 1 TI		יי-בור'	FT	. MYERS, FL 33912		Change	Addition
NAME			3.2 N/	ME			•			
STREET ADDRESS			3.3 \$1	REET	ADDRESS					
CHTM-ST-ZIP			3.4. C	<u> </u>	ST-ZIP					
TITLE		DELETE	4.1 1)	TLE					Change	Addition
NAME			4.2 N	AME						
STREET ADDRESS					ADDRESS					
CITY-ST-7-P		The man	4.4 CI		T-ZIP		······································		T -	
TITLE		☐ DELETE	5.1 Ti						☐ Change	Addition
NAME DENEST LINGUIS OF			5.2 NA							
STREET ADORESS					ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CI 6.1 TI		1 - ZIP		•		Change	Addition

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

6.4 CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY- ST-ZIP

WORRAINE LOTELL 1-17-97

FILED

Jan 29 1997 8:00am

Secretary of State