

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J76878

(4)

1. Corporation Name

CLUB WEST CASUAL WEAR, INC.

Principal Place of Business

**12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS FL 33907**

Mailing Address

**12670 NEW BRITTANY BLVD
SUITE 101
FORT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/08/1987

3a. Date of Last Report

03/25/1994

4. FEI Number

59-2823846

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**ROYSTON, ROBERT D., JR
12670 NEW BRITTANY BLVD #101
SUITE 103
FORT MYERS FL 33907**

10. Name and Address of New Registered Agent

81

Name **TERRY ROBERTS**

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

**3102 S.E. 17TH AVE.
CAPE CORAL**

FL

85

Zip Code

33904

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

Terry J. Roberts

Terry J. Roberts

4-20-95

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

ROBERTS, TERRY J.

STREET ADDRESS

3102 SE 17TH AVE

CITY - ST - ZIP

CAPE CORAL FL

TITLE

DP

NAME

PETSCHKE, PAT

STREET ADDRESS

10723 11TH PLACE

CITY - ST - ZIP

LARGO FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), 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:

Pat Petschke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 10/95

813 393 2437

Date

Daytime Phone #