

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K27583** (9)

1. Corporation Name
FLORIDA SOFT TOUCH CORPORATION



Principal Place of Business

**3703 CLEVELAND AVE
FT MYERS FL 33901
US**

Mailing Address

**% RICHARD W WINESETT
2248 1ST STR. PO BOX 610
FT MYERS FL 33901
US**

3. Date Incorporated or Qualified
07/01/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 **P.O. Drawer 610**

27 City & State

28 **Ft. Myers FL,**

29 **33901-0610** 30 Country

4. FEI Number
65-0061425

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

**WINESETT, RICHARD W.
2248 FIRST STREET
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

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 in block of registered agent is not acceptable)

(Not for Registered Agent signature required when resubmitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **ST** ☒ DELETE
NAME **GRENIER, LOUISE**
STREET ADDRESS **703 FLOYD AVE NO**
CITY- ST- ZIP **LEHIGH ACRES FL**

TITLE **DP** ☒ DELETE
NAME **GRENIER, LOUIS**
STREET ADDRESS **703 FLOYD AVE NO**
CITY- ST- ZIP **LEHIGH ACRES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE **DPST** ☐ Change ☒ Addition
3.2 NAME **HANSEN, GERALD J.**
3.3 STREET ADDRESS **4041 Gulf Shore Blvd. N.**
3.4 CITY- ST- ZIP **Naples, FL 33940**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

Gerald J. Hansen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gerald J. Hansen, President

3-27-96

(941) 278-3334

Day

Daytime Phone

CR2E034 (12/95)