

K 47508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

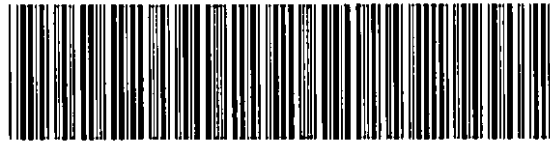
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100316013461

Filings Prior to
1995

FORSYTH, SWALM & BRUGGER, P.A.
ATTORNEYS AT LAW

600 FIFTH AVENUE SOUTH, SUITE 210
NAPLES, FLORIDA 33940
(813) 263-6000
TELEX 055507 IF5R UDI
TELECOMER (813) 263-6757

SUN BANK FINANCIAL CENTER
12730-302 NEW BRITTANY BOULEVARD
FORT MYERS, FLORIDA 33907
(813) 275-4646
(813) 334-0770

DAVID C. BOURGEOIS
JOHN N. BRICKGER
CHRISTOPHER N. DAVIES
TAMELA K. EADY
JOHN F. FORSYTH
LEONARD P. REINA
DARLA M. ROMFO
JOHN M. SWALM III

4055 TAMiami TRAIL, SUITE 29
PORT CHARLOTTE, FLORIDA 33952
(813) 743-8177

AFFILIATED WITH
COBURN, CROFT & PUTZELL

1 MERCANTILE CENTER
SUITE 3101

K47508

November 17, 1988

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: EXIT 17, CORPORATION

Dear Sir:

Enclosed herewith please find the following re the above-captioned corporation:

1. Articles of Incorporation (original and one copy to be certified and returned to this office);
2. Appointment of Resident Agent;
3. Our check in the amount of \$70.00 to cover the following:

Filing Fees	\$20.00
Certified Copy	\$30.00
Registered Agent Designation	\$20.00

Total \$70.00

11/21/88 00118 015	
DOMESTIC CHARGERS	70.00
REGISTERED AGENT	20.00
CHARTER FILING	20.00
CERT/PHOTO COPY	30.00
=====	
TOTAL	70.00

Thank you for your cooperation and assistance.

Name	Jan 11/18/88
Availability	Jan 2/A
Comm. and Examiner	Jan
Updater	Jan
DMR/rm	Jan
Enclosures	Jan

Sincerely,

Robyn Mox
Secretary to Darla M. Romfo

K47508

FILED

NOV 21 3 49 PM '66

ARTICLES OF INCORPORATION
OF
EXIT 17, CORPORATION

The undersigned for the purpose of forming a corporation under the Florida General Corporation Act, Florida Statutes, Section 607, hereby adopts the following Articles of Incorporation:

ARTICLE I - NAME

The name of this corporation is Exit 17, Corporation.

ARTICLE II - DURATION

The existence of this corporation shall commence with the filing of these articles. The term of existence of this corporation is perpetual.

ARTICLE III - PURPOSE

The purpose is to engage in any and all business activities permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue Seven Thousand Five Hundred (7,500) shares all of one class, at \$1.00 par value common stock.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and address of the initial registered agent and office of this corporation is as follows:

John H. Brugger
600 Fifth Avenue South, Suite 210
Naples, Florida 33940

The initial street address of the principal office of the corporation in the State of Florida will be: 600 Fifth Avenue South, Suite 210, Naples, Florida 33940.

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by the Bylaws.

The name and address of the initial directors of this corporation are:

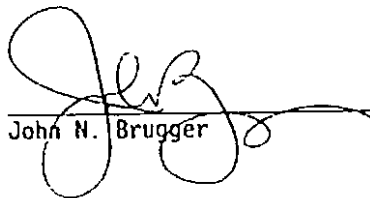
John N. Brugger
600 Fifth Avenue South, Suite 210
Naples, Florida 33940

ARTICLE VII - INCORPORATORS

The name and address of the person signing these Articles of Incorporation is:

John N. Brugger
600 Fifth Avenue South, Suite 210
Naples, Florida 33940

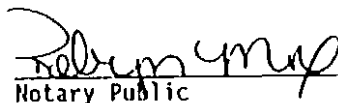
IN WITNESS WHEREOF, I have subscribed my name this 16th day of November, 1988.


John N. Brugger

STATE OF FLORIDA
COUNTY OF COLLIER

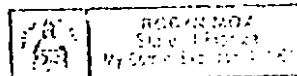
On this 16th day of November, 1988, before me, a Notary Public, the undersigned officer, personally appeared John N. Brugger to me known to be the person whose name is subscribed to the within instrument and he acknowledged that he executed the same for the purpose contained therein.

IN WITNESS WHEREOF, I hereby set my hand and official seal.


Notary Public

(SEAL)

My Commission Expires:



APPOINTMENT OF RESIDENT AGENT

STATE OF FLORIDA
DEPARTMENT OF STATE

FILED
NOV 21 3 48 PM '88

Certificate designating place of Business or Domicile for the Service of Process within this State, naming Agent upon whom process may be served and names and addresses of the Officers and Directors.

Exit 17, Corporation, a corporation under the laws of the State of Florida, with its principal office at 600 Fifth Avenue South, Suite 210, Naples, Florida 33940, has named John N. Brugger, 600 Fifth Avenue South, Suite 210, Naples, Florida 33940, as its resident agent to accept service of process within this State.

OFFICERS

NAMES

PRESIDENT
VICE-PRESIDENT
TREASURER
SECRETARY

JOHN N. BRUGGER
JOHN N. BRUGGER
JOHN N. BRUGGER
JOHN N. BRUGGER

DIRECTORS

NAME

ADDRESS

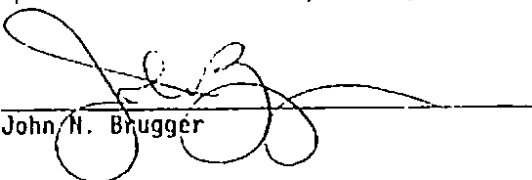
John N. Brugger

600 Fifth Avenue South, Suite 210
Naples, Florida 33940

DATED: November 16, 1988

ACCEPTANCE:

I agree as Resident Agent to accept Service of Process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in office as required by law.


John N. Brugger

4. APPROVED



FLORIDA DEPARTMENT OF STATE
AT THE
SUNSHINE STATE
DIVISION OF CORPORATIONS

ANNUAL REPORT
1989

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. NAME AND ADDRESS OF CONTRIBUTING ENTITY ORIGIN

ZIP 4-3

K47508 2
EXIT 17, CORPORATION
600 5TH AVE S.
SUITE 210
NAPLES, FL 33940-5791

2. Even though a person is covered by Family
and Medical Leave Act, FMLA, they are not
entitled to the same benefits as a person who is
not covered by FMLA.

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1. The following information is for the year ended 31/12/2018:

2. Do not respond to "bush" or "bushy" comments.

11/21/1988

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Applied For

1. 244-3

8. Nachweise für die Existenz von E.M. Orbits und Quasars in 2. Ordnung in α

| Page | Names of Officers and Directors | Special Reports of Each Officer and Director
on the Assets and Liabilities | Date of Report |
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D. BRIGGER, JOHN M. 660 5TH AVE S., #210 NAPLES, FL

REGISTERED AGENT INFORMATION

BRUGGER, JOHN N.
600 5TH AVE S.
SUITE 210
NAPLES, FL 33940

FL

9. Pursuant to the provisions of Section 401(a)(1) and 401(a)(2) of the Internal Revenue Code, the above named corporation is organized under the laws of the State of Florida subject to the following: the purpose of this corporation is to acquire, own, operate, lease, and/or sell, in the State of Florida, Sixteen (16) units of mobile homes, and to provide the following services: (1) to provide the mobile homes with water, electricity, gas, and sewer service; (2) to provide the mobile homes with a telephone service; (3) to provide the mobile homes with a cable television service; (4) to provide the mobile homes with a security service; (5) to provide the mobile homes with a maintenance service; (6) to provide the mobile homes with a landscaping service; (7) to provide the mobile homes with a cleaning service; (8) to provide the mobile homes with a pest control service; (9) to provide the mobile homes with a fire alarm service; (10) to provide the mobile homes with a security alarm service; (11) to provide the mobile homes with a fire extinguisher service; (12) to provide the mobile homes with a fire escape service; (13) to provide the mobile homes with a fire alarm service; (14) to provide the mobile homes with a security alarm service; (15) to provide the mobile homes with a fire extinguisher service; (16) to provide the mobile homes with a fire escape service.

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10. *Admission to the program is subject to the following conditions:*

THE UNIVERSITY OF CHICAGO PRESS

(Date) [redacted] was checked by [redacted] for the purpose of [redacted] [redacted] [redacted]

Copyright © 1999 by The McGraw-Hill Companies, Inc. All rights reserved. Printed in the United States of America. This book is printed on acid-free paper.

1990

2-28-54

7. Mathematics

JOHN W. BUNNET

President

813-263-6000

[illegible]

THESE THINGS ARE NOT TO BE TAKEN SERIOUSLY

\$5 Additional Fee
Required to
Obtain a
Certificate of Eligibility

FILE NOW! THIS REPORT MUST BE FILED BY NOVEMBER 7, 1990 OR THIS CORPORATION WILL BE DISSOLVED. FEE TO REINSTATE IS \$236.25

PS0046740

CORPORATION

ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
AND
FILED

1990 NOV -9 PM 1:47

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

K47508 2

ZIP + 4 PRESORT

EXIT 17, CORPORATION
600 5TH AVE S.
SUITE 210
NAPLES, FL 33940-6602

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

11/26/90--00096--006

P.O. Box No.

ANNUAL REPORT
ANNUAL REPORT-----\$35.00

City and State 23

TOTAL-----\$35.00

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida:

11/21/1988

4. FEI Number

65-0100853

☐ FEI Number Applied For
☐ FEI Number Not Applicable

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

| 1 Title | 2 Names of Officers and Directors | 3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | 4 City and State | 5 |
|---------|-----------------------------------|--|------------------|---|
| 1 D | BRUGGER, JOHN N. | 600 5TH AVE S., #210 | NAPLES, FL | |
| 1x | | | | |
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| 6x | | | | |

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

BRUGGER, JOHN N.
600 5TH AVE S.
SUITE 210
NAPLES, FL 33940

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 FS.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. I 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 effects as if made under oath. I further certify 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, FS.

Signature

Date

Nov. 6, 1990

Typed Name of Signing Officer or Director

John N. Brugger

14

Dr. Brugger

Telephone Number

813-263-6000

11. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

\$5 Additional Fee
required for a
Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

JUN 10 1991

APPROVED
FL. DEPT. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FL.
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE.

1. Name and Mailing Address of Corporation: **DOCUMENT #K47508 (2)**
ZIP + 4 PRESORT

EXIT 17, CORPORATION
600 5TH AVE S
SUITE 210
NAPLES, FL 33940-6602 X

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address
4500 EXECUTIVE DRIVE

22 P.O. Box No.

23 City and State
NAPLES, FLORIDA

24 Zip Code
33999

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified
To Do Business in Florida

11/21/1988

4. FEI Number

65-0100853

FEI Number Applied For

5.

**\$8.75 Additional Fee required
for a Certificate of Status**

FEI Number Not Applicable

CERTIFICATE OF STATUS DESIRED X

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

| Title | Names of Officers and Directors | Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) | City and State |
|-------|---------------------------------|--|-------------------|
| B | BRUGGER, JOHN M. | 600 5TH AVE S, XERO | NAPLES, FL |
| D/P | HARDY, ROBERT S. | 4500 EXECUTIVE DRIVE | NAPLES, FL |
| V | HOWELL, SHANNON | 4500 EXECUTIVE DRIVE | NAPLES, FL |
| V | VON STAUDACH, MATTHEW L. | 4500 EXECUTIVE DRIVE | NAPLES, FL |
| S/T | JOHNSON, ROBERT W., JR. | 4500 EXECUTIVE DRIVE | NAPLES, FL |
| | | | |
| | | | |

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

81 Name
JOHNSON, ROBERT W., JR.

82 Street Address 1 (Do NOT Use P.O. Box Number)
4500 EXECUTIVE DRIVE

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City
NAPLES

FL.

85 Zip Code
33999

BRUGGER, JOHN M.
600 5TH AVE S.
SUITE 210
NAPLES, FL 33940

9. 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

(Registered Agent Accepting Appointment)

DATE **5/23/91**

10. I 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. I further certify 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 6 or on an attachment with an address.

SIGNATURE

DATE **5/23/91**

Typed Name of Signing Officer or Director
Robert W. Johnson, Jr.

Title
Sec'y/Treas.

Telephone Number Daytime
(813) 597-9061

FILING FEE OF \$61.25 REQUIRED — Make Checks Payable To: Secretary of State **\$8.75 Additional Fee required for a Certificate of Status**

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST

CORPORATION
ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

RM2472

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

Read Instructions on Other Side Before Making Entries
FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: DOCUMENT #K47508 (2)

EXIT 17, CORPORATION
4500 EXECUTIVE DRIVE
SUITE 210
NAPLES FL 33999-8907

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

If above address is incorrect in any way, line through the incorrect information and enter correct address in Block 2.

3. Date Incorporated or Qualified
To Do Business in Florida

11/21/1988

3a. Date of Last Report

06/10/1991

4. FEI Number

65-0100853

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Additional Fee Required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and Director: (Do not use any correction tape or fluid to cover over incorrect information.)

| 1
Title | 2
Names of Officers
and Directors | 3
Street Address of Each
Officer and Director
(Do NOT Use Post Office Box Numbers) | 4
City and State |
|------------|---|---|---------------------|
| 1x D/P | HARDY, ROBERT S | 4500 EXECUTIVE DRIVE | NAPLES, FL |
| 2x V | HOWELL, SHANNON | 4500 EXECUTIVE DRIVE | NAPLES, FL |
| 3x K | WON STADASH, MATTHEW L | 4500 EXECUTIVE DRIVE | NAPLES, FL |
| 4x S/T | JOHNSON, ROBERT W, JR | 4500 EXECUTIVE DRIVE | NAPLES, FL |
| 5 | | | |
| 6 | | | |

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent

7. Name and Address of Current Registered Agent

JOHNSON, ROBERT W, JR
4500 EXECUTIVE DRIVE
SUITE 210
NAPLES, FL 33999

81 Name

82 Street Address 1 (Do NOT Use P.O. Box Number)

83 Street Address 2 (Do NOT Use P.O. Box Number)

84 City

FL

85 Zip Code

9. Pursuant to the provisions of Sections 607.0602 and 607.1508 or Sections 617.0502 and 617.1508, 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

(Registered Agent Accepting Appointment)

DATE

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

11. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 6 or an attachment with an address.

SIGNATURE

DATE 4/29/92

Typed Name of Signer (Officer or Director)

ROBERT W. JOHNSON, JR.

Title

SECRETARY/TREASURER

Telephone Number (Area)

(813) 597-9061

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee. ☐

File Now. Filing Fee after May 1 is \$225.00

**CORPORATION
ANNUAL REPORT
1993**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation **DOCUMENT # K47508 (2)**

**EXIT 17, CORPORATION
4500 EXECUTIVE DR STE 210
NAPLES FL 33999-8907**

DO NOT WRITE IN THIS SPACE

FILING FEE \$200.00
ANNUAL REPORT \$81.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

| | | | |
|------------------------|------------|---------------------------------|------------|
| 2. Mailing Address | | 2a. Principle Place of Business | |
| 21 Suite, Apt. #, etc. | 26 | 27 Suite, Apt. #, etc. | 28 |
| 22 City & State | 23 | 29 City & State | 30 |
| 24 Zip | 25 Country | 29 Zip | 30 Country |

| | |
|--|---|
| 3. Date Incorporated or Qualified
11/21/1988 | 3a. Date of Last Report
06/24/1992 |
| 4. FEI Number
650100853 | 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 |
| 7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status
☐ | \$138.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S 193.032,
Florida Statutes ☐ Yes ☐ No | |

9. Name and Address of Current Registered Agent

**JOHNSON, ROBERT W, JR
4500 EXECUTIVE DRIVE
SUITE 210
NAPLES FL 33999**

| | | | | | |
|---------|---|----|-----------|-------------|------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code | 86 Country |
| | | | FL | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE _____ DATE _____
Registered Agent Accepting Appointment

| 12. OFFICERS AND DIRECTORS | | | | 13. OFFICERS AND DIRECTORS CHANGES | | | |
|----------------------------|-----------------------|-----------------|--|------------------------------------|--|-----------------|--|
| 1.1 TITLE | D/P | 1.1 TITLE | | 1.1 TITLE | | 1.1 TITLE | |
| 1.2 NAME | WARDY, ROBERT S | 1.2 NAME | | 1.2 NAME | | 1.2 NAME | |
| 1.3 ADDRESS | 4500 EXECUTIVE DRIVE | 1.3 ADDRESS | | 1.3 ADDRESS | | 1.3 ADDRESS | |
| 1.4 CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | V | 2.1 TITLE | | 2.1 TITLE | | 2.1 TITLE | |
| 2.2 NAME | HOWELL, SHANNON | 2.2 NAME | | 2.2 NAME | | 2.2 NAME | |
| 2.3 ADDRESS | 4500 EXECUTIVE DRIVE | 2.3 ADDRESS | | 2.3 ADDRESS | | 2.3 ADDRESS | |
| 2.4 CITY-ST-ZIP | NAPLES FL | 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | S/T | 3.1 TITLE | | 3.1 TITLE | | 3.1 TITLE | |
| 3.2 NAME | JOHNSON, ROBERT W, JR | 3.2 NAME | | 3.2 NAME | | 3.2 NAME | |
| 3.3 ADDRESS | 4500 EXECUTIVE DRIVE | 3.3 ADDRESS | | 3.3 ADDRESS | | 3.3 ADDRESS | |
| 3.4 CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | | 4.1 TITLE | | 4.1 TITLE | | 4.1 TITLE | |
| 4.2 NAME | | 4.2 NAME | | 4.2 NAME | | 4.2 NAME | |
| 4.3 ADDRESS | | 4.3 ADDRESS | | 4.3 ADDRESS | | 4.3 ADDRESS | |
| 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | | 5.1 TITLE | | 5.1 TITLE | | 5.1 TITLE | |
| 5.2 NAME | | 5.2 NAME | | 5.2 NAME | | 5.2 NAME | |
| 5.3 ADDRESS | | 5.3 ADDRESS | | 5.3 ADDRESS | | 5.3 ADDRESS | |
| 5.4 CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | | 6.1 TITLE | | 6.1 TITLE | | 6.1 TITLE | |
| 6.2 NAME | | 6.2 NAME | | 6.2 NAME | | 6.2 NAME | |
| 6.3 ADDRESS | | 6.3 ADDRESS | | 6.3 ADDRESS | | 6.3 ADDRESS | |
| 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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. I further certify that I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report or report on behalf of the corporation, and that my name appears in Block 12 and 13. I attach my original attachment with an address.

SIGNATURE _____ DATE **4-15-93**
Print/Type Name of Signing Officer or Director: **Shannon Howell** Title: **Vice President** Distinguishing Number: **(B13)597-9061**

DIR-604 (11/93)

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

APPROVED
AND
FILED

94 JUN 15 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
EXT 17. CORPORATION

DOCUMENT #
K47508 (2)

Mailing Address
4500 EXECUTIVE DRIVE
SUITE 210
NAPLES FL 33999

Principal Place of Business
4500 EXECUTIVE DRIVE
SUITE 210
NAPLES FL 33999

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1988

3a. Date of Last Report
04/27/1993

4. FEI Number
65-0100853

Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐

6. Election Campaign
Financing Trust
Fund Contribution ☐

7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

12. Mailing Address

2a. Principal Place of Business

22. City, Apt. #, etc.

27. City, Apt. #, etc.

23. City & State

28. City & State

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, ROBERT W, JR
4500 EXECUTIVE DRIVE
SUITE 210
NAPLES FL 33999

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 or Sections 617.0502 and 617.1506, Florida Statutes, the above named corporation submits this statement 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 at the appointment of the registered agent. I am familiar with and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE

DATE

Registered Agent Accepting Appointment (NOTE: Registered Agent must be named and accepting)

12. OFFICERS AND DIRECTORS

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE
D/P
12.2 NAME
HARDY, ROBERT S
12.3 STREET ADDRESS
4500 EXECUTIVE DRIVE
12.4 CITY - ST - ZIP
NAPLES FL

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY - ST - ZIP

22.1 TITLE
V
22.2 NAME
HOWELL, SHANNON
22.3 STREET ADDRESS
4500 EXECUTIVE DRIVE
22.4 CITY - ST - ZIP
NAPLES FL

23.1 TITLE
23.2 NAME
23.3 STREET ADDRESS
23.4 CITY - ST - ZIP

32.1 TITLE
S/T
32.2 NAME
JOHNSON, ROBERT W, JR
32.3 STREET ADDRESS
4500 EXECUTIVE DRIVE
32.4 CITY - ST - ZIP
NAPLES FL

33.1 TITLE
33.2 NAME
33.3 STREET ADDRESS
33.4 CITY - ST - ZIP

42.1 TITLE
42.2 NAME
42.3 STREET ADDRESS
42.4 CITY - ST - ZIP

43.1 TITLE
43.2 NAME
43.3 STREET ADDRESS
43.4 CITY - ST - ZIP

52.1 TITLE
52.2 NAME
52.3 STREET ADDRESS
52.4 CITY - ST - ZIP

53.1 TITLE
53.2 NAME
53.3 STREET ADDRESS
53.4 CITY - ST - ZIP

62.1 TITLE
62.2 NAME
62.3 STREET ADDRESS
62.4 CITY - ST - ZIP

63.1 TITLE
63.2 NAME
63.3 STREET ADDRESS
63.4 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)(A), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(A) in the event that the information supplied is deemed exempt from public access. 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 have full and complete knowledge of the corporation's affairs and that I am an officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Robert W. Johnson, Jr.

6-7-94

813-551-9001

Signature and Title of Signing Officer or Director

Date

Phone Number