K47508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

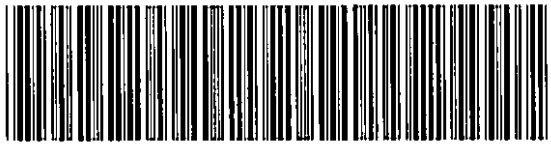
(Business Entity Name)

(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 855507 (FSB UD)
TELECOPIER (813) 263-6757

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

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

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

AFFILIATED WITH
COBURN, CROFT & PUTZELL
1 MERCANTILE CENTER
[illegible]

K47508

November 17, 1988

88 NOV 17 PM 3:09

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 CHARTERS 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.

Sincerely,

Robyn Mox
Secretary to Darla M. Romfo

Name Availability Jan 11/20/88
Document Examiner Jan 2/A
Updater Jan
Verifier
Update Acknowledgment Jan
DMR/rlm
Enclosures Jan
Jan

K47508

FILED

NOV 21 3 48 PM '00

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 N. 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:

FILED

NOV 21 3 48 PM '88

APPOINTMENT OF RESIDENT AGENT

STATE OF FLORIDA
DEPARTMENT OF STATE

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	JOHN N. BRUGGER
VICE-PRESIDENT	JOHN N. BRUGGER
TREASURER	JOHN N. BRUGGER
SECRETARY	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

FILE NOW: ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION

ANNUAL REPORT

1989

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

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

1. Name and Address of Corporation Principal Office

ZIP + 4

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

3. Date Incorporated or Qualified To Do Business in Florida: 11/21/1988

4. Federal Employer Identification Number: Applied For

6. Names and Street Addresses of Each Officer and Director as of December 31, 1988

Title	Names of Officers and Directors	Street Address of Each Officer and Director	City and State
D	BRUGGER, JOHN N.	600 5TH AVE S., #210	NAPLES, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

FL

Signature: [illegible]

(Registered Agent Accepting Appointment)

Signature: [signature]

Date: 2-28-89

Typed Name of Signing Officer or Director: John N. Brugger

Title: President

Telephone Number: 813-263-6000

$5 Additional Fee Required for a Certificate of Status

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

PSC046740

CORPORATION

ANNUAL REPORT

1990

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

DO NOT WRITE IN THIS SPACE

ADJUSTED AND FILED

1990 NOV -9 PM 1:47

FLORIDA DEPARTMENT OF STATE
CORPORATION
TALLAHASSEE, FLORIDA

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--00056--006
ANNUAL REPORT
PO Box No. 22
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

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

	Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers) 3	City and State 4 5
1	D	BRUGGER, JOHN N.	600 5TH AVE S., #210	NAPLES, FL
1x				
2				
2x				
3				
3x				
4				
4x				
5				
5x				
6				RLP 11-9-90
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 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

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, F.S.

Signature _____ Date Nov. 6, 1990

Typed Name of Signing Officer or Director: John N. Brugger

Title: Director

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

IW10'91

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

DO NOT WRITE IN THIS SPACE.

Read Instructions on Other Side Before Making Entries

FILING FEE OF $61.25 REQUIRED

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~~

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 is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21 Street Address: 4500 EXECUTIVE DRIVE

22 PO Box No:

23 City and State: NAPLES, FLORIDA

24 Zip Code: 33999

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 ☐

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
~~P~~	~~BRUGGER, JOHN W.~~	~~600 5TH AVE S., #210~~	~~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

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

81 Name: JOHNSON, ROBERT W., JR.

82 Street Address 1 (Do NOT Use PO Box Number): 4500 EXECUTIVE DRIVE

83 Street Address 2 (Do NOT Use PO Box Number):

84 City: NAPLES 85 FL. Zip Code: 33999

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: [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: [signature] DATE 5/23/91

Typed Name of Signing Officer or Director	Title	Telephone Number Daytime
Robert W. Johnson, Jr.	Sec'y/Treas.	(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

CR2E031(11/91)

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

JB124'92

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)

P93A3115

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

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

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

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
1	D/P	HARDY, ROBERT S	4500 EXECUTIVE DRIVE	NAPLES, FL
1x				
2	V	HOWELL, SHANNON	4500 EXECUTIVE DRIVE	NAPLES, FL
2x				
3	~~X~~	~~VON STAUDACH, MATTHEW L~~	~~4500 EXECUTIVE DRIVE~~	~~NAPLES, FL~~
3x				
4	S/T	JOHNSON, ROBERT W, JR	4500 EXECUTIVE DRIVE	NAPLES, FL
4x				
5				
5x				
6				

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

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 607.0502 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes X 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; that I am a current director or officer 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 Signing Officer or Director: ROBERT W. JOHNSON, JR.

Title: SECRETARY/TREASURER

Telephone Number Daytime: (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. ☐

CR2E024 (11/91)

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)

PRI#466031
EXIT 17, CORPORATION
4500 EXECUTIVE DR STE 210
NAPLES FL 33999-8907

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

DO NOT WRITE IN THIS SPACE

FILING FEE	ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE
$200.00	MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

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. 199.032, Florida Statutes ☐ Yes ☐ No

2. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Principle Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

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 86 Country

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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, 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	
1.2 NAME	HARDY, ROBERT S	1.2 NAME	
1.3 ADDRESS	4500 EXECUTIVE DRIVE	1.3 ADDRESS	
1.4 CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
2.1 TITLE	V	2.1 TITLE	
2.2 NAME	HOWELL, SHANNON	2.2 NAME	
2.3 ADDRESS	4500 EXECUTIVE DRIVE	2.3 ADDRESS	
2.4 CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
3.1 TITLE	S/T	3.1 TITLE	
3.2 NAME	JOHNSON, ROBERT W, JR	3.2 NAME	
3.3 ADDRESS	4500 EXECUTIVE DRIVE	3.3 ADDRESS	
3.4 CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
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 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 12 or Block 13 if changed, or added by attachment with an address.

SIGNATURE _____ DATE 4-15-93

Print/Type Name of Signing Officer or Director	Title(s)	Daytime Telephone Number
Shannon Howell	Vice President	(813)597-9061

CR4E034 (11/92)

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: EXIT 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

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

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

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 ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 or 617.0503, Florida Statutes.

SIGNATURE ____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	D/P	11 TITLE
12 NAME	HARDY, ROBERT S	12 NAME
13 STREET ADDRESS	4500 EXECUTIVE DRIVE	13 STREET ADDRESS
14 CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP
21 TITLE	V	21 TITLE
22 NAME	HOWELL, SHANNON	22 NAME
23 STREET ADDRESS	4500 EXECUTIVE DRIVE	23 STREET ADDRESS
24 CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP
31 TITLE	S/T	31 TITLE
32 NAME	JOHNSON, ROBERT W, JR	32 NAME
33 STREET ADDRESS	4500 EXECUTIVE DRIVE	33 STREET ADDRESS
34 CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP
41 TITLE		41 TITLE
42 NAME		42 NAME
43 STREET ADDRESS		43 STREET ADDRESS
44 CITY-ST-ZIP		44 CITY-ST-ZIP
51 TITLE		51 TITLE
52 NAME		52 NAME
53 STREET ADDRESS		53 STREET ADDRESS
54 CITY-ST-ZIP		54 CITY-ST-ZIP
61 TITLE		61 TITLE
62 NAME		62 NAME
63 STREET ADDRESS		63 STREET ADDRESS
64 CITY-ST-ZIP		64 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 release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) 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 fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Robert W Johnson Jr. 6-7-94 813-591-9061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #