

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K54244** (4)

1. Corporation Name

FLAMBOROUGH LAND, INC.



Principal Place of Business

**6237 PRESIDENTIAL CT.
#126
FORT MYERS FL 33919
US**

Mailing Address

**6237 PRESIDENTIAL CT.
#126
FORT MYERS FL 33919
US**

3. Date Incorporated or Qualified
12/28/1988

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21 **6360 PRESIDENTIAL CT**

2a. Mailing Address

26 **6360 PRESIDENTIAL CT.**

4. FEI Number

65-0087449

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **4-B**

Suite, Apt. #, etc.

27 **4-B**

City & State

23 **FT. MYERS, FL**

City & State

28 **FT. MYERS FL**

Zip

24 **33919**

Country

25 **LEE**

Zip

29 **33919**

Country

30 **LEE**

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

**DEWAARD, JOHN
6237 PRESIDENTIAL CT.
#126
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

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

6360 PRESIDENTIAL CT.

83 **4-B**

84 City

FT. MYERS, FL

FL

85 Zip Code

33919

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 name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
VOORTMAN, WILLIAM**
STREET ADDRESS **940 HWY 5 DUNDAS**
CITY-ST-ZIP **ONTARIO CA**

TITLE ☐ DELETE

NAME **DV
DEWAARD, JOHN**
STREET ADDRESS **940 HWY 5 DUNDAS**
CITY-ST-ZIP **ONTARIO CA**

TITLE ☐ DELETE

NAME **DS
HUTTON, PATRICIA**
STREET ADDRESS **940 HWY 5 DUNDAS**
CITY-ST-ZIP **ONTARIO CA**

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

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 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 if changed, or on an attachment with an address.

SIGNATURE:

WILLIAM VOORTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

(941) 489-2200

Date

Daytime Phone #

CR2E034 (12/95)