

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K91180

(5)

1. Corporation Name

THE PARTRIDGE AGENCY, INC.

Principal Place of Business

17811 PORT BOCA CIR
APT 101-B
FT MYERS FL 33908
US

Mailing Address

17811 PORT BOCA CIR
APT 101-B
FT MYERS FL 33908-6134
US

3. Date Incorporated or Qualified
05/25/1989

3a. Date of Last Report
07/08/1996

2. Principal Place of Business

21 1910 VIRGINIA AVE

Suite, Apt. #, etc.

22 103-B

City & State

23 FT. MYERS, FL.

Zip

24 33901

Country

25 LEE

2a. Mailing Address

26 1910 VIRGINIA AVE

Suite, Apt. #, etc.

27 103-B

City & State

28 FT. MYERS, FL 33901

Zip

29 33901

Country

30 LEE

4. FEI Number
65-0121865

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

PARTRIDGE, WARING N.
17811 PORT BOCA CIRCLE
APT 101-B
FT. MYERS FL 33908

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PARTRIDGE, WARING N.
STREET ADDRESS 17811 PORT BOCA CIRCLE
CITY- ST- ZIP FT. MYERS FL

☐ DELETE

TITLE P
NAME PARTRIDGE, DENISE A
STREET ADDRESS 17811 PORT BOCA CIRCLE
CITY- ST- ZIP FT. MYERS FL

☐ DELETE

TITLE T
NAME SOLL, WILLIAM P
STREET ADDRESS 1705-DZ COLONIAL BLVD
CITY- ST- ZIP FT MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1910 VIRGINIA AVE 103B
1.4 CITY- ST- ZIP FT. MYERS, FL. 33901

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1910 VIRGINIA AVE 103B
2.4 CITY- ST- ZIP FT. MYERS, FL. 33901

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)