

**FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L23920 (6)**

1. Corporation Name  
**ELKCAM PROPERTIES, INC.**



Principal Place of Business: **C/O RONALD S. WEBSTER 993 NORTH COLLIER BLVD., ROYAL PALM MALL MARCO ISLAND FL 33937**  
Mailing Address: **C/O RONALD S. WEBSTER 985 N COLLIER BLVD. MARCO ISLAND FL 33937 US**

3. Date Incorporated or Qualified: **10/17/1989**  
3a. Date of Last Report: **07/21/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **65-0165625**  
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**

**WEBSTER, RONALD S.  
ROYAL PALM MALL  
985 N. COLLIER BLVD.  
MARCO ISLAND FL 33937**

**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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLYNN, KELLY	
STREET ADDRESS	471 BABBS ROAD	
CITY-ST-ZIP	WEST SUFFIELD CT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GLYNN, KATHLEEN B.	
STREET ADDRESS	471 BABBS RD	
CITY-ST-ZIP	WEST SUFFIELD CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GLYNN, BRIAN R. J	
STREET ADDRESS	1689 VILLA CT.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLYNN, KRRI E.	
STREET ADDRESS	1689 VILLA CT.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GLYNN, JUDITH G.	
STREET ADDRESS	1689 VILLA CT.	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	GLYNN BRIAN R.	<input type="checkbox"/> DELETE
NAME	1689 VILLA CT.	
STREET ADDRESS	MARCO ISLAND, FL.	
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	SFC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	GLYNN, KELLY	
3. STREET ADDRESS	471 BABBS RD.	
4. CITY-ST-ZIP	WEST SUFFIELD, CT.	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE	M.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	GLYNN, BRIAN R. JR.	
11. STREET ADDRESS	1689 VILLA CT.	
12. CITY-ST-ZIP	MARCO ISLAND, FLA.	
13. TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	GLYNN KRRI E.	
15. STREET ADDRESS	1689 VILLA CT.	
16. CITY-ST-ZIP	MARCO ISLAND, FLA.	
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS	600001835896	
20. CITY-ST-ZIP	-05/23/96--01007--002	
21. TITLE		
22. NAME	***208.75	
23. STREET ADDRESS	PRRS.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
24. CITY-ST-ZIP	GLYNN BRIAN R.	
25. TITLE	1689 VILLA CT.	
26. NAME	MARCO ISLAND, FL.	
27. STREET ADDRESS		
28. 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: \_\_\_\_\_ DATE: **5-12-96** TELEPHONE: **802-228-8794**

CR2E034 (12/95)