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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L34711

(6)

HONEYCOMB OF MARCO ISLAND, INC.

FILED Mar 19 1997 8:00am Secretary of State



Principal Plas	pat Place of Business Maring Address			F IMMINDIA DOM TITAL DERIK TORMA SIDAN SIDA SIDAN DERIK REDAL DIRAK MEMPI SODA			
C/O CHILDS.DONALD.G 983 N. COLLIER BLVD, P.O. BOX 109 MARCO ISLAND FL 33969-109			C/O CHILDS.DONALD.G 893 N. COLLIER BLVDP.O. BOX 109 MARCO ISLAND FL 34145-2258		3. Date Incorporated or Qualified 3a. Date of Last Report 12/05/1989 02/27/1996		
บร		US					
	Place of Businers	2a, Mailing Address			4. FEI Number 65-0160943		Applied For
Suite, Apri	#, etc	Suite, Apt #, etc.					Not Applicab 3.75 Additional
22		27			5. Certificate of Status Desired		Fee Required
City & Sita	de	City & State			6. Election Campaign Financing		5.00 May Be
23 Zip	Country	7 _(p)	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution		Added to Fees
24	25	29	30	,	This corporation has liability for Florida Statutes	iritangible tax u] Yes □ No	
.=31	9. Name and Address of Cur		1501		10. Name and Address of New Re		
	ILDS, DONALD G		81	Name			
	N. COLLIER BLVD		82	Street Ad	dress (P.O. Box Number is Not Acceptat	ole)	
MA	RCO ISLAND FL 33937		83				
ŕ			-				T-1 -0 -1
			64	City		FL 85	Zip Code
SIGNATURE	bule in the digit of an post to distance of degree force			gent signature req	gured when reinstating)	DATE	
12. Inuf	OFFICIENS	AND DIRECTORS DELETE	13. 11 HILE		ADDITIONS/CHANGES TO OFFIC		ECTORS IN 12 Change
NAME	HONEYCOMB, JOHN W.	C otten	1.2 NAME	ļ		<u> </u>	nange naunt
SPEELAFORESS	A AR A CALLIFO OT CAA		- 1	T ADDRESS			
CITY \$1 70°	MARCO ISLAND FL		1.4 CiTY -	ST-ZIP			
HILF	S DEFENDANCE PRETTY D	L.J delete	21 TITLE				change Additio
NAME SIREST ADDRESS	HONEYCOMB, BETTY 8. 845 COLLIER CT. 506		2.2 NAME	l.			
CHY+S1+Ze ^a	MARCO ISLAND FL		2 4 CITY	T ADDRESS			
1016		DELETE	3 1 TITLE	37 211			change Addition
NAV:			3.2 NAME				
STREET ADJAINS			3.3 STREE	T ADDRESS			
CHY-S1-Zir		DELFTE	3.4 Cily-	-\$1- <i>7</i> (P		<u> </u>	Change Addition
Mitti NAVE		□ btailt	4.1 TITLE 4.2 NAMI				nonge Adomi
STREET ADDRESS			- 1	T ADDRESS			
City St-7iP			4.4 CITY -				
THUE		☐ DELETE	5.1 TITLE				Change Add ti
NAME			5.2 NAME				
STREET ADORESS				1 ADDRESS			
0HY 51 74 1 TH		DELETE	5.4 City - 6 1 Title	51 · ZIP			hange Additi
NAME			62 NAME	-		- · - ·	
STHEET ADDRESS			63STREE	T ADORESS			
CHY-51-76°	<u>.</u>		6 4 CITY-				
14 doctors	the certain that the information sum	nited with this Lines does not our	alify for the ex	emotion state	ed in Section 119 07(3)(i). Florida Statute	s. I further certi	fy that the

The metaby seemly that meaning matter supplied with this being over not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further Settly that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that Lam as office or director of this corporation or the receiver of 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 LYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

313197

(941) 394-5832