

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M69212

(2)

1. Corporation Name

SOUTHWEST OLDS ASSOC., INC.



Principal Place of Business

1901 TAMiami TRL  
PUNTA GORDA FL 33950  
US

Mailing Address

1901 TAMiami TRL  
PUNTA GORDA FL 33950  
US

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

MCHALE, J J  
1901 TAMiami TRL  
PUNTA GORDA FL 33950

3. Date incorporated or Qualified

02/16/1988

3a. Date of Last Report

01/30/1995

4. FEI Number

65-0034843

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

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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

12.2

STREET ADDRESS

12.3

CITY, ST, ZIP

12.4

NAME

12.5

STREET ADDRESS

12.6

CITY, ST, ZIP

12.7

NAME

12.8

STREET ADDRESS

12.9

CITY, ST, ZIP

12.10

NAME

12.11

STREET ADDRESS

12.12

CITY, ST, ZIP

12.13

NAME

12.14

STREET ADDRESS

12.15

CITY, ST, ZIP

12.16

NAME

12.17

STREET ADDRESS

12.18

CITY, ST, ZIP

D  
HILGER, EARL  
8300 RADIO RD.  
NAPLES FL

☐ DELETE

D  
HELPHENSTINE, ROBERT  
1901 TAMiami TR.  
PUNTA GORDA FL

☐ DELETE

P  
WARD, VALMORE L JR  
12600 TAMiami TR S  
FORT MYERS FL

☐ DELETE

T  
MCHALE, J J  
1901 TAMiami TR  
PUNTA GORDA FL

☐ DELETE

☐ DELETE

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

13.1

NAME

13.2

STREET ADDRESS

13.3

CITY, ST, ZIP

13.4

NAME

13.5

STREET ADDRESS

13.6

CITY, ST, ZIP

13.7

NAME

13.8

STREET ADDRESS

13.9

CITY, ST, ZIP

13.10

NAME

13.11

STREET ADDRESS

13.12

CITY, ST, ZIP

13.13

NAME

13.14

STREET ADDRESS

13.15

CITY, ST, ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I declare under penalty of perjury 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 on Block 12 or Block 13 of this document, in connection with the address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-96

Date

Signature Required

CR2E034 (12/95)