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FILED

Feb 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N41431 (0)

1. Corporation Name

OLE TIMERS INVITATIONAL, INC.

Principal Place of Business

2050 MCGREGOR BOULEVARD  
FORT MYERS FL 33901

Mailing Address

P.O. BOX 2196  
FORT MYERS FL 33902-2196  
US3. Date Incorporated or Qualified  
12/24/19903a. Date of Last Report  
01/25/1996

4. FEI Number

65-0238762

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27

City &amp; State

23 Zip

28

Country

24

25

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHEARER, JOHN H.  
2050 MCGREGOR BLVD.  
FT. MYERS FL 33901

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETENAME SHEARER, JOHN H., JR.  
STREET ADDRESS 2050 MCGREGOR BOULEVARD  
CITY-ST-ZIP FT. MYERS FL1.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME WILKINSON, WILLIAM D.  
STREET ADDRESS 2050 MCGREGOR BOULEVARD  
CITY-ST-ZIP FT. MYERS FL2.1 TITLE ☐ Change ☐ AdditionTITLE D ☐ DELETENAME EDWARDS, CHARLES B.  
STREET ADDRESS 1415 HENDRY STREET  
CITY-ST-ZIP FT. MYERS FL3.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition

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 617, 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

1-27-97

(941) 332-1119

CR2E037 (9/96)