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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42208** (1)

1. Corporation Name

**SOUTHWEST FLORIDA MARINE INSTITUTE, INC.**

Principal Place of Business

Mailing Address

**3091 EVANS AVE  
FT. MYERS FL 33901**

**3091 EVANS AVE  
FT. MYERS FL 33901**



3. Date Incorporated or Qualified

**02/20/1991**

4. FEI Number

**59-3052865**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HULL, DAVID J  
222 SOUTH CALHOUN STREET  
TALLAHASSEE FL 32302**

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	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>JORGENSEN, ERIC</b>	
STREET ADDRESS	<b>505 LIGHTHOUSE WAY</b>	
CITY-ST-ZIP	<b>SANIBEL FL 33957</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCGUIRE, KRIS C</b>	
STREET ADDRESS	<b>2801 CENTERPOINTE DRIVE, #303</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33916</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRIS-SCHUTZ, SHEILA</b>	
STREET ADDRESS	<b>205 BANIA POINT</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>VANN, RANDALL J</b>	
STREET ADDRESS	<b>2970 CARGO STREET</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33916-7542</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WEAVER, ROBERT S</b>	
STREET ADDRESS	<b>5915 BENJAMIN CENTER DRIVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33634</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*See Attachment*

14. I 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

*Robert S. Weaver*

*4/23/98*

Date

*(813) 882-3300*

Daytime Phone

0059217

CR2E037 (10/97)

## Southwest Florida Marine Institute

3091 Evans Avenue, Ft. Myers, FL 33901 -- Tel. (941) 337-1104 -- Fax (941) 337-2452

### Board of Trustees

Mr. Richard C. Ackert  
South Trust Bank  
1530 Heitman Street  
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2055 Central Avenue  
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~~Dr. Jacqueline Hubbard~~  
~~*Secretary*~~  
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*Treasurer*  
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The Honorable R. Wallace Pack  
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Fort Myers, FL 33901  
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Ms. Roxie Smith  
21521 Madeira Road  
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Day: (941) 463-2191  
Fax: (941) 463-1785

~~Mr. Douglas R. St. Cerny~~  
~~Lee County Commission~~  
~~P.O. Box 398~~  
~~Fort Myers, FL 33902~~  
~~Day: (941) 335-2227~~  
~~Fax: (941) 335-2599~~

Captain Max Stanford (Maxie)  
14471 Pine Lily Drive  
Fort Myers, FL 33908  
Day: (941) 432-0029

Ms. Leslie Stoddard  
Lee County Clerk's Office  
15561 Shell Point Boulevard  
Fort Myers, FL 33908  
Day:  
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~~Mr. E. Bruce Strayhorn~~  
~~P.O. Box 1288~~  
~~Fort Myers, FL 33902~~  
~~Day: (941) 334-1269~~  
~~Fax: (941) 334-1069~~

Mr. Randall J. Vann  
*Chairman*  
2970 Cargo Street  
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Day: (941) 337-4011  
Fax: (941) 337-2298

Mr. Robert S. Weaver (Bob)  
Associated Marine Institutes  
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Tampa, FL 33634  
Day: (813) 887-3300  
Fax: (813) 889-8092  
Alt. ( ) 542-4888 SUNCOM

*Southwest Florida Marine Institute*

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~~Mr. Rob Wells  
Cabbage Key, Inc.  
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Day: (941) 283-2278  
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Mr. Doug Wilkinson  
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