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May 08 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44382 (2)

1. Corporation Name

SOUTHWEST FLORIDIANS FOR A CLEAN AND RISK-FREE ENVIRONMENT, INC.

Principal Place of Business

Mailing Address

12713-3 MCGREGOR BLVD
FORT MYERS FL 33919
US12713-3 MCGREGOR BLVD
FORT MYERS FL 33919-4411
US3. Date Incorporated or Qualified
07/22/19913a. Date of Last Report
02/09/1996

4. FEI Number

65-0265005

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROSS, NANCY
1190 W GOLDEN GATE BLVD
NAPLES FL 33964

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 ☐ DELETE
NAME DANIELSON, LYLE
STREET ADDRESS 4930 SW 2ND PLACE
CITY-ST-ZIP CAPE CORAL FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME GROSS, PAUL
STREET ADDRESS 1190 W GOLDEN GATE BLVD
CITY-ST-ZIP NAPLES FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SEC ☐ DELETE
NAME GROSS, NANCY
STREET ADDRESS 1190 W GOLDEN GATE BLVD
CITY-ST-ZIP NAPLES FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TRES ☐ DELETE
NAME MEO, LISA K.
STREET ADDRESS 1705 MAPLE AVENUE
CITY-ST-ZIP FT. MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE P ☐ DELETE
NAME BELLAMY, W. DEXTER
STREET ADDRESS 5548 HAMLET LANE
CITY-ST-ZIP FT. MYERS FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE V ☐ DELETE
NAME BOWES, ARLENE
STREET ADDRESS 18429 SUNFLOWER RD
CITY-ST-ZIP FT. MYERS FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

11. Dexter Bellamy (Dexter Bellamy) 03/16/97 (941) 481-1780

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0065712

CR2E037 (9/96)