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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 12:21

DOCUMENT # **N50763** **(4)**

1. Corporation Name
STATE ROUTE 80 REDEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
280 MIRAMAR RD. 2850 WILDWOOD LN FT. MYERS FL 33905 US	C/O JAMES MONFORT 2850 WILDWOOD LN FT. MYERS FL 33905 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/08/1992
3a. Date of Last Report: 04/21/1994
4. FEI Number: 65-0361936 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MONFORT, JAMES
2850 WILDWOOD LN
FT MYERS FL 33905

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2		
TITLE	S	1.1 TITLE	President	☐ Change ☑ Addition
NAME	JELL, ROBERT	1.2 NAME	Bill Davis	
STREET ADDRESS	137 LAGOON DR	1.3 STREET ADDRESS	310 Carol Way	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Tice fl 33905	
TITLE	D	2.1 TITLE	Vice-Pres	☐ Change ☑ Addition
NAME	MCWILLIAMS, ROBERT	2.2 NAME	James ~~Monffort~~ Monfort	
STREET ADDRESS	13855 SLEEPY HOLLOW LN	2.3 STREET ADDRESS	2850 Wilwwood Ln	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Ft.Myers, Fl 33905	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	GRABSCH, JOSEPH	3.2 NAME		
STREET ADDRESS	159 TEXAS AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR