

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002961

1. Corporation Name

Southwest Florida Regional Development Corporation

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 4980 Bayline Dr.

26 P.O. Box 3455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Fourth Floor

27

City & State

City & State

23 N. Ft. Myers, Florida

28 N. Ft. Myers, Florida

Zip

Country

Zip

Country

24 33917

25 Lee

29 33918-3455

30 Lee

3. Date Incorporated or Qualified

June 19, 1995

3a. Date of Last Report

N/A

4. FEI Number

65-0592148

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Wayne E. Daltry
4980 Bayline Drive, Fourth Floor
N. Ft. Myers, FL 33917

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

11 TITLE

President

☐ Change ☒ Addition

12 NAME

D

-Thomas Kelly, SouthTrust Bank of SW FL

13 STREET ADDRESS

1530 Heitman Street

14 CITY-ST-ZIP

Fort Myers, FL 33901

21 TITLE

Vice President

☐ Change ☒ Addition

22 NAME

D

-Regina Smith, Lee Cnty Ofc of Econ. Dev.

23 STREET ADDRESS

2180 W. First St, Suite 306

24 CITY-ST-ZIP

Fort Myers, FL 33901

31 TITLE

Secretary/Treasurer

☐ Change ☒ Addition

32 NAME

D

-Williams Blevins, First Union Nat'l Bank

33 STREET ADDRESS

5801 Pelican Bay Boulevard

34 CITY-ST-ZIP

Naples, FL 33963

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

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***\$61.25

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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)(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 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

Regina Smith, Vice President

3/7/96

Date

941/338-3161

Daytime Phone #

CR2E037 (12/95)

3-26-96