SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9600001932

Corporation Name

ROBERT H. L. DABNEY POST 192, THE AMERICAN LEGIO N, INC.

Principal Place of Business

Mailing Address

3130 MARTIN LUTHER KING BLVD. FORT. MYERS FL

3130 MARTIN LUTHER KING BLVD. FORT MYERS FL

FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90003 015 ****61.25

\$ 587637 - 90603 - 35 7 *



2. Principal Pl	al Place of Business 2a. Mailing Address				_		3. Date Incorporated or Qualifed					
21	26						04/04/1996					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					4. FEI Number		L	Appl	ied For	
22		27					65-0701296	<u> </u>		Not	Applicable	
City & State		City & State					5. Certifcate of Status D	esired 🗌	\$8.	75 Ad	Iditional	
23		28					3. Certificate of Status D	resiled	Fe	e Req	uired	
Zip	Country Zip Cou			Country			6. Election Campaign Fi	inancing	\$5	.00 M	lay Be	
24	25 29 30						Trust Fund Contributi	on <u></u>	Ad	ded to	Fees	
Name and Address of Current Registered Agent							10. Name and Address	of New Registe	ered Agent			
				81	Name	•						
DUCREE, DAVID					92) Street Address /P.O. Roy Number is Not Acceptable)							
					82 Street Address (P.O. Box Number is Not Acceptable)							
2318 TOWLES STREET				83							-	
FORT MYERS FL 33916			Ш									
				84	City				FL 85	Zip Co	ode	
44 0	#	and 617 1509 Florida Statuto	o the al	hovo	namar	d corpor	ation cultimite this stateme		. —	na its re	egistered	
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 ar	n familiar with, and accept the obligat	ions of, Section 617.0503, Flor	ida Statı	utes.								
SIGNATURE	1000							DAT				
	Signature, typed or printed name of registered agent		<u> </u>	Agent	signature	s required v	when reinstating) ADDITIONS/CHANGE			CTOR	S IN 12	
12.	OFFICERS AND DIRECTORS DELETE			13.			ADDITIONS/CHANGE	3 TO OFFICER	Ch:		Addition	
TITLE	_			1.1 TTLE						Brige		
NAME	SOUTHER, BITTE		1.2 NA			1						
STREET ADDRESS	2010 1011220 0111221		1.3 ST	REET	ADDRESS	S						
CITY-ST-ZIP				TY-ST	-ZIP							
TITLE .	D	☐ DELETE 2.1		2.1 TITLE		Ì			☐ Ch	ange	☐ Addition	
NAME	CHANCEY, JACK		2.2 NA	2.2 NAME		Ī						
STREET ADDRESS	840 zana drive		2.3 ST		2.3 STREET ADDRESS							
CITY-ST-ZIP . ~	FORT MYERS FL 33905		2.4 CITY-ST-ZIP		<u> </u>					<u> </u>		
TILE				3.1 TITLE					☐ Ch	ange	☐ Addition	
NAME I	GIBBS, FLOYD			3.2 NAME								
STREET ADDRESS	ARRA CARRET CHARLES STREET			3.3 STREET ADORESS								
CITY-ST-ZIP	FORT MYFRO EL COCAC			ITY-S1	r- <i>7</i> 1P							
TITLE				4.1 TITLE					☐ Ch	ange	Addition	
NAME	_ · · · · · · · · · · · · · · · · · · ·			4. 2 NAME								
STREET ADDRESS					ADDRESS	s						
CITY-ST-ZIP	•			4.4 CITY-ST-ZIP								
TITLE				5.1 TITLE		†	,		□ Ch	ange	Addition	
NAME			5.2 NA						_	-		
l ''''' l	500			5.3 STREET ADDRESS			,					
STREET ADDRESS	SS			5.4 CITY-ST-ZIP								
CITY-ST-ZIP		□ DELETE	6.1 TIT			+			☐ Ch	ange	Addition	
TITLE						-				9-	_	
NAME				6.2 NAME 6.3 STREET ADDRESS								
STREET ADDRESS	REE (ADDRESS)					"						
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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 Consporation 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 appearment with an address, with all other like empowered.

SIGNATURE:

SHALLE REQUIREDURE 7

7-8-99 9413348091