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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005662

1. Corporation Name

THE ASHLAND INC. RETIREES CLUB OF SOUTHWESTERN FLORIDA, INC.

Principal Place of Business

C/O APAC-FLORIDA, INC.
 10230 ALICO ROAD
 FT. MYERS FL 33913

Mailing Address

C/O APAC-FLORIDA, INC.
 10230 ALICO ROAD
 FT. MYERS FL 33913



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		31-1591682	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

TANNER, WESLEY U
 C/O APAC-FLORIDA, INC.
 10230 ALICO ROAD
 FT. MYERS FL 33913

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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. SECRETARIES AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	GARGES, ALAN R	1.2 NAME	
STREET ADDRESS	16549 N. CLEVELAND AVENUE, #12	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. FT. MYERS FL 33903	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SAUNDERS, RICHARD L	2.2 NAME	
STREET ADDRESS	5260 S LANDINGS DR#603	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MARRS, SAMUEL R	3.2 NAME	
STREET ADDRESS	25490 COCKLESHELL DRIVE #602	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WELTER, ROBERT L	4.2 NAME	
STREET ADDRESS	5561 MONTILLA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	WALTERS, MARY	5.2 NAME	
STREET ADDRESS	1391 SAUTERN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ZANDONA, OLIVER J	6.2 NAME	
STREET ADDRESS	4105 STEAMBOAT BEND E	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33919	6.4 CITY-ST-ZIP	

Alan R. Garges
 200 Sun Dr.
 North Ft. Myers, FL 33903 - 5666

SECRETARY
 CHARLOTTE GREEN
 205 PIER A
 NAPLES, FL 33962-8109

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, with all other like empowered.

SIGNATURE: *Alan R. Garges* **SIGNATURE REQUIRED** ALAN R. GARGES 4/12/99 941/651-5627
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)