

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P10086 (7)**

1. Corporation Name
FLAG DEVELOPMENT COMPANY OF FLORIDA, INC.



Principal Place of Business: **18551 N. TAMiami TRAIL N. FORT MYERS FL 33903**
Mailing Address: **18551 N. TAMiami TRAIL N. FORT MYERS FL 33903**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/13/1986	3a. Date of Last Report 02/24/1995
21	22	26	27	4. FEI Number 59-2674292	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent

**WAGLE, HAROLD, H
18551 N TAMiami TRAIL
N FT MYERS FL 33903**

10. Name and Address of New Registered Agent

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

FL

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

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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIOTT, RAYMOND H.	1.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	1.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, PETER J. JR.	2.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, PAUL C.	3.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAVOS, MARK D.	4.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	4.4 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGLE, HAROLD H.	5.2 NAME	
STREET ADDRESS	18551 N. TAMiami TRAIL	5.3 STREET ADDRESS	
CITY - ST - ZIP	N. FT. MYERS FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harold H. Wagle *Harold H. Wagle* 1/22/96 941-231-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)