

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 # **P26092**

(7)

1. Corporation Name

TAMIAMI FORT MYERS, INC.



Principal Place of Business

**12381 S CLEVELAND AVE
#208
FT. MYERS FL 33907**

Mailing Address

**12381 S CLEVELAND AVE
#208
FT. MYERS FL 33907**

3. Date Incorporated or Qualified

09/20/1989

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2991486

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KARPOWICZ, RAYMOND
3451 BONITA BAY BLVD
BONITA SPRINGS FL 33923**

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

Signature typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **V KARPOWICZ, RAYMOND**
STREET ADDRESS **5960 PELICAN BAY BLVD**
CITY-ST-ZIP **NAPLES FL 33963**

TITLE ☐ DELETE
NAME **C BOYD, WILLIAM M**
STREET ADDRESS **2325 AVENIDA DE LA PLAZA**
CITY-ST-ZIP **LA JOLLA CA 92037**

TITLE ☐ DELETE
NAME **V BOYD, HUGH M**
STREET ADDRESS **1447 DUBBONNET COURT**
CITY-ST-ZIP **FT MYERS FL 33419**

TITLE ☐ DELETE
NAME **P DEVAULT, GEORGE E., JR.**
STREET ADDRESS **2153 HEATHERLY ROAD**
CITY-ST-ZIP **KINGSPORT TN 37660**

TITLE ☐ DELETE
NAME **S BRAGG, JANET**
STREET ADDRESS **1816 MAYWOOD DRIVE**
CITY-ST-ZIP **KINGSPORT TN 37660**

TITLE ☐ DELETE
NAME **T LAWSON, BETTY**
STREET ADDRESS **RT 1 BOX 219**
CITY-ST-ZIP **SURGOINSVILLE TN 37873**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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: **Betty Lawson Asst. Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-06-96 (423) 244-9578

DATE

DATE OF FILING

CR2E034 (12/95)