

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P26092

(7)

1. Corporation Name

TAMIA MI 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 33907-3893

3. Date incorporated or Qualified

09/20/1989

3a. Date of Last Report

05/10/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2991486

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

KARPOWICZ, RAYMOND X
3451 BONTA BAY BLVD
BONTA SPRINGS FL 33922

10. Name and Address of New Registered Agent

81

Name

~~XXXXXXXXXX~~ Hugh M. Boyd

82

Street Address (P.O. Box Number is Not Acceptable)

1447 Dubbonnet Court

84

City

Ft. Myers

FL

85

Zip Code

33419

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 Hugh M. Boyd V.P.

Signature, typed or printed name of registered agent and title, if applicable

(If title is not a corporate title, it must be required when resigning)

4/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☒ DELETE

NAME KARPOWICZ, RAYMOND X
STREET ADDRESS 5000 PELICAN BAY BLVD
CITY-ST-ZIP NAPLES FL 33961 X

TITLE C ☐ DELETE

NAME BOYD, WILLIAM M
STREET ADDRESS 2325 AVENIDA DE LA PLAZA
CITY-ST-ZIP LA JOLLA CA 92037

TITLE V ☐ DELETE

NAME BOYD, HUGH M
STREET ADDRESS 1447 DUBBONNET COURT
CITY-ST-ZIP FT MYERS FL 33419

TITLE P ☐ DELETE

NAME DEVAULT, GEORGE E., JR.
STREET ADDRESS 2153 HEATHERLY ROAD
CITY-ST-ZIP KINGSPORT TN 37660

TITLE S ☐ DELETE

NAME BRAGG, JANET
STREET ADDRESS 1816 MAYWOOD DRIVE
CITY-ST-ZIP KINGSPORT TN 37660

TITLE T ☐ DELETE

NAME LAWSON, BETTY
STREET ADDRESS RT 1 BOX 219
CITY-ST-ZIP SURGOINSVILLE TN 37873

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

SIGNATURE

[Signature]

4/23/97 (1123)24 8500

CR2E034 (9/96)