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Apr 14 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 # P93000011748 (9)

1. Corporation Name
RUNABOUTS OF CORAL SPRINGS, INC.

Principal Place of Business
801 UNIVERSITY DR
CORAL SPRINGS FL 33071
US

Mailing Address
4411 CLEVELAND AVENUE
FORT MYERS FL 33901-9011

3. Date Incorporated or Qualified
01/31/1993

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0412439

Applied For
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

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

LYNCH, PAUL GARGANO, ANTHONY J.
4411 CLEVELAND AVENUE-1520 ROYAL PALM SQUARE BL.
FORT MYERS FL 33901 SUITE 260
FT. MYERS, FL 33919

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 *Anthony J. Gargano*

Signature typed or printed name and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/7/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME LAGESCHULTE, DAVID
STREET ADDRESS 2644 SHRIVER DR
CITY-ST-ZIP FORT MYERS FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME LYNCH, PAUL
STREET ADDRESS 5745 SANDPIPER PL
CITY-ST-ZIP FORT MYERS FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME BRAWNER, TERRY
STREET ADDRESS 77 S BIRCH RD
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME REGNIER, DALE
STREET ADDRESS 981 WITTMAN DR
CITY-ST-ZIP FT MYERS FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME KLINGENSMITH, KIT
STREET ADDRESS 1838 WHITE CAP CIR
CITY-ST-ZIP N FT MYERS FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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:

Paul W. Lynch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97
Date

941-275-6339
Daytime Phone #

CR2E034 (9/96)