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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000033671 (7)**

1. Corporation Name
GLEN GARRIS CONSTRUCTION OF NAPLES, INC.

Principal Place of Business	Mailing Address
~~4100 CORPORATE SQUARE~~ ~~NAPLES FL 33942~~	625 - 91ST AVE., N. NAPLES FL 34108-2422 US

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 625 91ST AVE N.
22: Suite, Apt. #, etc.
23: City & State: NAPLES, FL
24: Zip: 34108
25: Country: COLLIER

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0483935 ☐ 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

9. Name and Address of Current Registered Agent

~~JOHNSON, HENRY P~~
~~6737 LONE OAK BLVD.~~
~~NAPLES FL 33942~~

10. Name and Address of New Registered Agent

81 Name: GENE WALSH
82 Street Address (P.O. Box Number is Not Acceptable): 625 91ST AVE. N.
83:
84 City: NAPLES FL 85 Zip Code: 34108

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: Gene Walsh (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	P ☐ Change ☐ Addition
NAME	~~WALSH, GENE~~	1.2 NAME	WALSH, GENE
STREET ADDRESS	~~4100 CORPORATE SQUARE~~	1.3 STREET ADDRESS	625 91ST AVE. N.
CITY-ST-ZIP	~~NAPLES FL 33942~~	1.4 CITY-ST-ZIP	NAPLES, FL. 34108
TITLE	V ☐ DELETE	2.1 TITLE	V ☐ Change ☐ Addition
NAME	~~BERGER, PATRICIA~~	2.2 NAME	BERGER PATRICIA
STREET ADDRESS	~~4100 CORPORATE SQUARE~~	2.3 STREET ADDRESS	625 91ST AVE. N.
CITY-ST-ZIP	~~NAPLES FL 33942~~	2.4 CITY-ST-ZIP	NAPLES, FL. 34108
TITLE	~~STD~~ ☐ DELETE	3.1 TITLE	STD ☐ Change ☐ Addition
NAME	~~WALSH, GENE~~	3.2 NAME	WALSH, GENE
STREET ADDRESS	~~4100 CORPORATE SQUARE~~	3.3 STREET ADDRESS	625 91ST AVE N.
CITY-ST-ZIP	~~NAPLES FL 33942~~	3.4 CITY-ST-ZIP	NAPLES, FL. 34108
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Gene Walsh Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 20, 1997
Date

941-597-6903
Daytime Phone #