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

Mailing Address

STE. 204

11595 KELLY ROAD

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

11595 KELLY ROAD

STE. 204



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000042115

SOUTHWEST GULF SHORE ENTERPRISES, INC.

FILED Feb 17, 1999 8:00am Secretary of State

02-17-1999 90005 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

ET MYCDC FI	3300 BK	FI. MIENO IL JOOCO					
US		US US			Date Incorporated or Qualifed		
					06/09/1993		
2. Principal P	lace of Business	2a. Mailing Address	-		4. FEI Number	——————————————————————————————————————	lied For
26					65-0418514		Applicable
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ad	1
					5. Certificate of Status Desired	Fee Req	uired
27     27					6. Election Campaign Financing	¬ \$5.00 №	May Be
<b>─</b> ¹ '	e	28			Trust Fund Contribution	Added to	Fees
23	Country	Zip	Countr	v	8. This corporation owes the current	vear Intangible	
Zip	<del></del>	29 30		,	Personal Property Tax.	Yes 【	ZÍNo
24	25   29     9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	t Registered Agent	8	Name			
SAULIZINE MEADDEN L. ID				1	<u> </u>	<u> </u>	
WILKIN, WARREN J. JR 14930 CALEB DRIVE			8:	82 Street Address (P.O. Box Number is Not Acceptable)			Ĭ
				<u></u>	the same special and the same	and the second section of the second section of the second section of the second section of the second seco	24 08 421 18 2 27 0 1 04 (8 18 #1
FOR	IT MYERS FL 33908		83	3			
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		•	84	4 City		FL   "	
	4 Danting 607 050	2 and 607 1509 Florida Statute	s the above	ve-named core	poration submits this statement for the pu	rpose of changing its r	egistered
					ion's board of directors. I hereby accept t	he appointment as reg	istered
agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga	tions of, Section 607.0505, Flori	ida Statute	s.			}
SIGNATURE	- <del></del>					DATE	
SIGNATORE	Signature, typed or printed name of registered age			ent signature require	ADDITIONS/CHANGES TO OFFIC		2S IN 12
12.	OFFICERS AN	ID DIRECTORS	13.			Change	Addition
TITLE	DP	☐ DELETE	1.1 TITLE		1.45 mg	C enange	
NAME	WILKIN, WARREN J JR		1.2 NAME	<u> </u>			i
STREET ADDRESS	14930 CALEB DR		1.3 STRE	ET ADDRESS			
	FORT MYERS FL		1.4 CITY-	ST-ZIP			
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	İ		2.2 NAME	=			
NAME				ET ADDRESS			}
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CITY-ST-ZIP		-	2. 4 CITY			Change	Addition
TITLE	<u> </u>	☐ DELETE	3.1 TITLE	•	*	[_] Ottorige	
NAME		•	3.2 NAME	<b>■</b>	Section 1994 -	· · · · · · · · · · · · · · · · · · ·	
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STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY 6.1 TITLE 6.2 NAM	- ST-ZIP E E EET ADDRESS		☐ Change	Addition

14. I 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 with all other like empowered.

SIGNATURE: \_

IGNATURE AND TYPED DE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/21/99

941 - 466-95 y 5 Daytime Phone # K2E034 (11/98)