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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000054821 (2)

TKG OF SOUTHWEST FLORIDA, INC.

Principal Plac	e of Business	Mailing Address				A SOUTHERN SIN COURT OF IS SENT ON IN COURS OF IN	I BIEDI IBIIN IIA	IN IIN IND	
1491 BEECHN FORT MYERS	VOOD TRAIL SW FL 33919	1491 BEECHWOOD TRAIL SW FORT MYERS FL 33919				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			1
						08/05/1993			1
2. Principal P	lace of Business	2e. Mailing Address				4. FEI Number	Ar	oplied For	1
21		26				65-0427905	N _C	ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Fee Re	Additional equired	
City & Stat	θ	City & State				6. Election Campaign Financing	\$5.00	May Re	1
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes or has paid the cur	rent year Int	tangible	1
24	25	25 29 30					_ ^ ~	No	
	g. Name and Address of Curren	nt Registered Agent	1			10. Name and Address of New Registered	Agent		1
GL	ADDING, L DAWSON DO			81	Name]
1491 BEECHWOOD TRAIL SW				82	Stroot Ac	dress (P.O. Box Number is Not Acceptable)			-
FORT MYERS FL 33919				**	Olitabli Au	dress (1.0. box Northber is Not Acceptable)			1
				83					1
				84	City		7:0	Code	4
					City	FL	85 Zip	Code	
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida, Such change was	authorize	d by	the corpor	rporation submits this statement for the purpose o ation's board of directors. I hereby accept the app	f changing it pointment as	ts registered registered	
SIGNATURE	•								1
0.0.0.0.0.0	Signature, typed or printed name of registered age		TE Registere	d Agen	t signature red	uired when reinstating) DATE			٦
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFICERS AND			16
TITLE	D	[] DEFEIF	DELETE 1.1 TI				L. Change	Addition	3
NAME			1.2 NAME					2	
STREET ADDRESS			1.3 \$	1.3 STREET ADDRESS					Įΰ
CITY-ST-ZIP			1.4 0	1.4 CITY - ST - ZIP					ؤإـ
TITLE	-		2.1 Ti	2.1 TITLE			Change	Addition	١
NAME	TAYLOR, JAMES H DO		2.2 N	AME	1				
STREET ADDRESS			2.3 S	2.3 STREET ADDRESS					
CITY - ST - ZIP			2.40	2. 4 CITY-ST-ZIP					╛
TITLE	D DELETE 3.1 T		TLE		-	Change	Addition		
NAME			3.2 N	3.2 NAME					
STREET ADDRESS				TREET A	ADDRESS				1
CITY-ST-ZIP	FORT MYERS FL 33902			3.4. CITY-ST-ZIP					J
TITLE		☐ DELETE	4.1 T	ITLE	7		☐ Change	Addition	
NAME		•	4.21	IAME					1

14. Thereby 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 attactument with an address.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5 2 NAME

DELETE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

4.0.5400MG

4/2/98

FILED

Apr 14 1998 8:00am

Secretary of State

941-278 500

Addition

Addition