

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90019 040 ***550.00

DOCUMENT # **P93000054821**

Corporation Name

TKG OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
**1491 BEECHWOOD TRAIL SW
FORT MYERS FL 33919**

Mailing Address
**1491 BEECHWOOD TRAIL SW
FORT MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1993

4. FEI Number

65-0427905

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 owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**GLADDING, L DAWSON DO
1491 BEECHWOOD TRAIL SW
FORT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

1. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	12.2	STREET ADDRESS	12.3	CITY-STATE-ZIP	12.4	DELETE
LE	D	GLADDING, L DAWSON DO	PO BOX 1537 N/A	FORT MYERS FL 33902			<input type="checkbox"/>
ME							
12.5	NAME	12.6	STREET ADDRESS	12.7	CITY-STATE-ZIP	12.8	DELETE
LE	D	TAYLOR, JAMES H DO	PO BOX 1537 N/A	FORT MYERS FL 33902			<input type="checkbox"/>
ME							
12.9	NAME	12.10	STREET ADDRESS	12.11	CITY-STATE-ZIP	12.12	DELETE
LE	D	KASPRZAK, ROBERT C DO	PO BOX 1537 N/A	FORT MYERS FL 33902			<input type="checkbox"/>
ME							
12.13	NAME	12.14	STREET ADDRESS	12.15	CITY-STATE-ZIP	12.16	DELETE
LE							<input type="checkbox"/>
ME							
12.17	NAME	12.18	STREET ADDRESS	12.19	CITY-STATE-ZIP	12.20	DELETE
LE							<input type="checkbox"/>
ME							

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	13.2	NAME	13.3	STREET ADDRESS	13.4	CITY-STATE-ZIP	13.5	DELETE
									<input type="checkbox"/>
13.6	TITLE	13.7	NAME	13.8	STREET ADDRESS	13.9	CITY-STATE-ZIP	13.10	DELETE
									<input type="checkbox"/>
13.11	TITLE	13.12	NAME	13.13	STREET ADDRESS	13.14	CITY-STATE-ZIP	13.15	DELETE
									<input type="checkbox"/>
13.16	TITLE	13.17	NAME	13.18	STREET ADDRESS	13.19	CITY-STATE-ZIP	13.20	DELETE
									<input type="checkbox"/>
13.21	TITLE	13.22	NAME	13.23	STREET ADDRESS	13.24	CITY-STATE-ZIP	13.25	DELETE
									<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)