

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000061649 (8)

1. Corporation Name  
PROFESSIONAL REALTY CONSULTANTS OF LEE CO., INC.



Principal Place of Business

2503 DEL PRADO BLVD.  
SUITE 500  
CAPE CORAL FL 33904

Mailing Address

2503 DEL PRADO BLVD.  
SUITE 500  
CAPE CORAL FL 33904

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified 08/30/1993

3a. Date of Last Report 04/24/1995

4. FEI Number 65-0436456

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

HARRINGTON, JOHN B  
2503 DEL PRADO BLVD.  
SUITE 500  
CAPE CORAL FL 33904

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

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

*John B. Harrington*

PST

JOHN B. HARRINGTON

4/16/96

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE  
12.1 HARRINGTON, JOHN B  
STREET ADDRESS 2840 SE 17TH AVE  
CITY-ST-ZIP CAPE CORAL FL

TITLE NAME ☐ DELETE  
12.2  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
12.3  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
12.4  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
12.5  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ DELETE  
12.6  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*John B. Harrington*

JOHN B. HARRINGTON

4/16/96

941-712-1010

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)