

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000072458 (1)

1. Corporation Name
CALOOSAHATCHEE REALTY SALES, INC.



Principal Place of Business Mailing Address
2075 WEST FIRST STREET STE 100 2075 WEST FIRST STREET STE 100
FORT MYERS FL 33901 FORT MYERS FL 33901-3111

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
10/19/1993 08/16/1996
4. FEI Number Applied For
65-0445685 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

WILSON, EDGAR A II
2075 WEST FIRST STREET STE 100
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name Kenleigh Buckingham
82 Street Address (P.O. Box Number is Not Acceptable) 2075 West First Street
83
84 City FORT MYERS FL 85 Zip Code 33901

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 Kenleigh Buckingham Kenleigh Buckingham 5/16/97
Date

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, TRUMAN	
STREET ADDRESS	2075 WEST FIRST STREET STE 100	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, EDGAR A II	
STREET ADDRESS	2075 WEST FIRST STREET STE 100	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	STOUT, NATHAN J CPA	
STREET ADDRESS	2075 WEST FIRST STREET STE 100	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BUCKINGHAM, KENLEIGH	
STREET ADDRESS	2075 WEST FIRST STREET STE 100	
CITY-ST-ZIP	FORT MYERS FL 33901	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 2)

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARC C. SULLIVAN	
1.3 STREET ADDRESS	2075 W. FIRST STREET SUITE 100	
1.4 CITY-ST-ZIP	FORT MYERS FL 33901	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KENLEIGH BUCKINGHAM	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Kenleigh Buckingham 4/16/97 941-479-5255
Date Daytime Phone

CR2E034 (9/96)