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FILED
Jun 16 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 # P94000028891 (7)

1. Corporation Name

FLORIDA GULF COAST CONSULTING, INC.



Principal Place of Business

7149 SHANNON BLVD
FT MYERS FL 33908

Mailing Address

7149 SHANNON BLVD
FT MYERS FL 33908-4218

2. Principal Place of Business

21 11000-27 METRO PKWY
Suite, Apt. #, etc.

22

City & State

23 FT. MYERS FL

24 Zip 33912

25 Country U.S.A

2a. Mailing Address

26 11000-27 METRO PKWY 65-0500206
Suite, Apt. #, etc.

27

City & State

28 FT. MYERS FL

29 Zip 33912

30 Country U.S.A

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

05/14/1996

4. FEI Number

65-0500206

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

RIVERS, SCOTT W
7149 SHANNON BLVD
FT MYERS FL 33908

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
RIVERS, SCOTT W
STREET ADDRESS 7149 SHANNON BLVD
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ DELETE

NAME V
OTTENSMANN, JAMES
STREET ADDRESS 2416 NE 20TH PL
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE ☐ DELETE

NAME ST
RIVERS, BROOKSY Q
STREET ADDRESS 7149 SHANNON BLVD
CITY-ST-ZIP FT MYERS FL 33908

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-6-97
SCOTT W. RIVERS
PRESIDENT 941-986-5222

CR2E034 (9/96)