

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$123 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -6 AM 8:22

DOCUMENT # P94000059115 (3)

1. Corporation Name

HESCOE OF COLLIER COUNTY, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business

**606 BALD EAGLE DRIVE
SUITE 500, P.O. BOX 1
MARCO ISLAND FL 33969**

Mailing Address

**606 BALD EAGLE DRIVE
SUITE 500, P.O. BOX 1
MARCO ISLAND FL 33969**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/08/1994	3a. Date of Last Report
4. FIC Number 65-0514907	Agreement Fee 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
7. Has corporation had liability for interest on tax under s. 192(1)(2) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. # etc

21a State, Apt. # etc

22 City & State

22a City & State

23

23a

24

24a

24a

24b

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOODWARD, CRAIG R
606 BALD EAGLE DRIVE
SUITE 500, P.O. BOX 1
MARCO ISLAND FL 33969**

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 must be printed name of registered agent and the corporation

Signature must be printed name of registered agent and the corporation

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
			☐ Change ☐ Addition
NAME	D GENTRY, TRAUTE	NAME	
STREET ADDRESS	606 BALD EAGLE DRIVE, SUITE 500	STREET ADDRESS	
CITY, ST, ZIP	MARCO ISLAND FL 33969	CITY, ST, ZIP	
NAME	D SANFORD, KENNETH R	NAME	
STREET ADDRESS	606 BALD EAGLE DRIVE, SUITE 500	STREET ADDRESS	
CITY, ST, ZIP	MARCO ISLAND FL 33969	CITY, ST, ZIP	
NAME	D SORESENSEN, HENNING	NAME	
STREET ADDRESS	606 BALD EAGLE DRIVE, SUITE 500	STREET ADDRESS	
CITY, ST, ZIP	MARCO ISLAND FL 33969	CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY, ST, ZIP		CITY, ST, ZIP	

14. I hereby certify that the information requested with this filing is accurately furnished and does not equally for the information stated in Section 13.01(2)(b), Florida Statutes. If other persons, past or present, have been employed on this annual report or supplemental annual report in the past 12 months, and if so, state that my signature shall have the same legal effect as if I were making the report. That I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in this report as the person who prepared or caused the report to be prepared.

SIGNATURE:

Kenneth R. Sanford
 KENNETH R. SANFORD

Signature and typed or printed name of signing officer or director

6/27/95

941-394-4195