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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

CITY-ST-ZIP

CITY-ST-ZIP

14. I hereby certify that the information supplied with this time indicated on this annual report or supplemental an utal officer or director of the corporation or the receiper or the Block 12 or Block 13 if changed, on an attantiment with

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400064816 (9)

B. T. BOOMERS OF LEE COUNTY, INC.

5100 \$ CLEVELAND AVE 5100 S CLEVELAND AVE FT MYERS FL 33907 FT MYERS FL 33907 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0516975 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Żip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ERICKSON, WILLIAM C 500 5TH AVE. S Street Address (P.O. Box Number is Not Acceptable) 524 83 NAPLES FL 33940 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition DELETE 1.1 TITLE Change TITLE D GERMAN, LAWRENCE JR. 1.2 NAME NAME 5100 S CLEVELAND AVE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33907 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE TITLE 2.1 TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CHTY-ST-ZIP

6.3 STREET ADDRESS 6.4 City-St-Zip

n this tring does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and the first state and accurate and that my signature shall have the same legal effect as if made under oath; that I am an effect or Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in montwith an address.

CALONIA 1 2711/2

6.1 TITLE

6.2 NAME

DELETE

FILED
May 08 1998 8:00am
Secretary of State



Addition

☐ Change