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Mar 03 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 # P94000092166 (5)

1. Corporation Name

CAPE PARKWAY ASSOCIATES, INC.



Principal Place of Business

1860 BOY SCOUT DR., SUITE 201
FORT MYERS FL 33919

Mailing Address

1860 BOY SCOUT DR., SUITE 201
FORT MYERS FL 33907-2197

3. Date Incorporated or Qualified
12/21/1994

3a. Date of Last Report
03/13/1996

2. Principal Place of Business

21 1502 CAPE CORAL PARKWAY
Suite, Apt. #, etc.

2a. Mailing Address

26 4640 SE 9TH PLACE
Suite, Apt. #, etc.

4. FEI Number
65-0544416

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

22 City & State

23 CAPE CORAL FL

27 City & State

28 CAPE CORAL FL

24 Zip 33904

25 Country USA

29 Zip 33904

30 Country USA

9. Name and Address of Current Registered Agent

ERICKSON, WILLIAM D
1860 BOY SCOUT DRIVE #201
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

4640 SE 9TH PLACE

83

84 City

CAPE CORAL

FL

85 Zip Code

33904

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

2/17/97

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	ERICKSON, WILLIAM D	
STREET ADDRESS	4314 S.W. 5TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33914	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ERICKSON, DONALD O	
STREET ADDRESS	9901 SUNSET COVE LANE, APT. 231	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ERICKSON, VIVIAN T	
STREET ADDRESS	9901 SUNSET COVE LANE, APT. 231	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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:

WILLIAM D. ERICKSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/97

Date

941-546-4250

Daytime Phone #

0396647

CR2E034 (9/96)