

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 # P95000016284 (8)

1. Corporation Name

DR. VINYL OF COLLIER COUNTY, INC.

Principal Place of Business

2121 RIVER REACH DR  
#469  
NAPLES FL 33942

Mailing Address

2121 RIVER REACH DR  
#469  
NAPLES FL 34104-6983

3. Date Incorporated or Qualified

02/27/1995

3a. Date of Last Report

05/09/1996

2. Principal Place of Business

2a. Mailing Address

21 2125 River Reach Dr

26 2125 River Reach Dr

4. FEI Number

65-0575936

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

23 #497

27 #497

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

23 City & State

28 City & State

Trust Fund Contribution

☐

Naples, Florida

Naples, Florida

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

24 Zip

Country

29 Zip

Country

34104-6993

U.S.A.

29 34104-6993

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, MARK E  
2121 RIVER REACH DR  
#469  
NAPLES FL 33942

81 Name

Russell, Mark E.

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

2125 River Reach Dr.

83 #497

84 City

Naples

FL

85 Zip Code

34104-6993

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

Mark E. Russell

Mark E. Russell President

4-27-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD  
NAME RUSSELL, MARK E  
STREET ADDRESS 2121 RIVER REACH DR #469  
CITY-ST-ZIP NAPLES FL 33942

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PSD  
1.2 NAME Russell, Mark E  
1.3 STREET ADDRESS 2125 River Reach Dr. #497  
1.4 CITY-ST-ZIP Naples, FL 34104-6993

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

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:

Mark E. Russell President 4-27-97 (941) 566-6147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)