

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017425 (6)

1. Corporation Name

MCINTYRE-STATON COMPANY

Principal Place of Business

2053 WEST FIRST STREET
FORT MYERS FL 33901

Mailing Address

2053 WEST FIRST STREET
FORT MYERS FL 33901



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0594129	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCINTYRE, BRUCE H 2100 CLUBHOUSE ROAD NORTH FORT MYERS FL 33917				81 Name LEE STATON 82 Street Address (P.O. Box Number is Not Acceptable) 2053 W. First St. 83 84 City Ft. MYERS FL 85 Zip Code 33901	

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

LEE STATON

04/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	1.1 TITLE
NAME	MCINTYRE, BRUCE H	1.2 NAME	1.2 NAME
STREET ADDRESS	2100 CLUBHOUSE ROAD	1.3 STREET ADDRESS	1.3 STREET ADDRESS
CITY-ST-ZIP	N. FORT MYERS FL 33917	1.4 CITY-ST-ZIP	1.4 CITY-ST-ZIP
TITLE	VSD	2.1 TITLE	2.1 TITLE
NAME	STATON, LEE	2.2 NAME	2.2 NAME
STREET ADDRESS	1489 ARGYLE DRIVE	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	FORT MYERS FL 33919	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE	3.1 TITLE
NAME		3.2 NAME	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE	4.1 TITLE
NAME		4.2 NAME	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.1 TITLE
NAME		5.2 NAME	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE	6.1 TITLE
NAME		6.2 NAME	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I 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

LEE STATON

04/21/98

941/461-0025

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