

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 03 1998 8:00am
Secretary of State

DOCUMENT # **P95000029565 (5)**

1. Corporation Name

FRANKLIN ARMS COURT, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2507 BLIND PASS COURT
SANIBEL ISLAND FL 33957**

Mailing Address
**2507 BLIND PASS COURT
SANIBEL ISLAND FL 33957**

3. Date Incorporated or Qualified

04/10/1985

4. FEI Number

36-2795406

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21 **2423 FIRST STREET**
Suite, Apt. #, etc.
22
City & State
23 **FT. MYERS, FLORIDA**
Zip
24 **33901** Country
25 **USA**

2a. Mailing Address
26 **2423 FIRST STREET**
Suite, Apt. #, etc.
27
City & State
28 **FT. MYERS, FLORIDA**
Zip
29 **33901** Country
30 **USA**

9. Name and Address of Current Registered Agent

**ECONOMOU, JAMES S
2507 BLIND PASS COURT
SANIBEL ISLAND FL 33957**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ECONOMOU, JAMES S	
STREET ADDRESS	2507 BLIND PASS COURT	
CITY-ST-ZIP	SANIBEL ISLAND FL 33957	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STEVE J. ECONOMOU	
STREET ADDRESS	3412 W MAIN ST	
CITY-ST-ZIP	SKOKIE IL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	THOMAS V. ECONOMOU	
STREET ADDRESS	3412 W MAIN ST	
CITY-ST-ZIP	SKOKIE IL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JOHN W. ECONOMOU	
STREET ADDRESS	3412 W MAIN ST	
CITY-ST-ZIP	SKOKIE IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: **THOMAS V. ECONOMOU**

AUG 10, 1998

941-334-8039

CR2E034 (5/98)