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FILED

Feb 25 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 # P95000041184 (9)

1. Corporation Name

WILSHIRE PINES DEVELOPMENT CORPORATION



Principal Place of Business

600 FIFTH AVE SOUTH  
SUITE 207  
NAPLES FL 33940  
US

Mailing Address

600 FIFTH AVE SOUTH  
SUITE 207  
NAPLES FL 33940  
US

3. Date Incorporated or Qualified

05/25/1995

3a. Date of Last Report

04/19/1996

2. Principal Place of Business

21 3867 Midshore Drive

Suite, Apt. #, etc.

22 City & State

23 Naples, Florida

Zip

24 34109

Country

25 USA

2a. Mailing Address

26 3867 Midshore Drive

Suite, Apt. #, etc.

27 City & State

28 Naples, Florida

Zip

29 34109

Country

30 USA

4. FEI Number

65-0588463

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

9. Name and Address of Current Registered Agent

BUGGER, CAROL R  
600 FIFTH AVE SOUTH  
SUITE 207  
NAPLES FL 33940 34102

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME BRUGGER, JOHN N

STREET ADDRESS 600 FIFTH AVE SOUTH SUITE 207

CITY-ST-ZIP NAPLES FL 33940 34102

TITLE ST ☐ DELETE

NAME BRUGGER, JOHN N

STREET ADDRESS 600 FIFTH AVE SOUTH SUITE 207

CITY-ST-ZIP NAPLES FL 33940 34102

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John N. Brugger, Pres.

(941) 263-6000

Date

Daytime Phone #

CR2E034 (9/96)