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PROFIT CORPORATION ANNUAL REPORT

1997

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 23 AM 11:51

DOCUMENT # **P95000045132 (4)**

1. Corporation Name
~~JEFFREY S. SCHELLING, P.A.~~
SCHELLING + COTTER, P.A.

Principal Place of Business	Mailing Address
~~5051 CASTELLO DRIVE~~ 999 9th Street South SUITE ~~6~~ 103 NAPLES FL ~~33940~~ 34102 US	~~5051 CASTELLO DRIVE~~ 999 9th Street S. SUITE ~~6~~ 103 NAPLES FL ~~34108-0859~~ 34102 US

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 999 9th Street South
22 Suite, Apt. #, etc.: Suite 103
23 City & State: Naples FL
24 Zip: 34102
25 Country: USA

2a. Mailing Address
26: 999 9th Street South
27 Suite, Apt. #, etc.: Suite 103
28 City & State: Naples, FL
29 Zip: 34102
30 Country: USA

4. FEI Number: 65-0585841 ☐ 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

SCHELLING, JEFFREY S
5051 CASTELLO DRIVE
SUITE 6
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Jeffrey S. Schelling
82 Street Address (P.O. Box Number is Not Acceptable): 999 9th Street South
83: Suite 103
84 City: Naples FL 85 Zip Code: 34102

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] Jeff Schelling (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 04/30/97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHELLING, JEFFREY S 27875 KINGS KEW S.W. BONITA SPRINGS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President, Dir, Treasurer Jeff Schelling 386 EMERALD BAY CIRCLE G-5 Naples, FL 34110	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP, Sec Timothy J. Cotter 1471 Mandrin Naples, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	300002221283--8 -06/24/97--01049--006 ****165.00 ****165.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	TLL JUN 23 1997	☐ Change ☐ Addition

CR2E034 (9/96)

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] Jeff Schelling 04/30/97