

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P95000049696 (4)**

1. Corporation Name

**FT. MYERS THRIFT, INC.**



Principal Place of Business

**38567 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

Mailing Address

**38567 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GORDON, BRUCE H  
SHUMAKER, LOOP & KENDRICK  
101 E KENNEDY BLVD #2500  
TAMPA FL 33602**

3. Date Incorporated or Qualified

**06/23/1995**

3a. Date of Last Report

4. FEI Number

**59-3323012**

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

10. Name and Address of New Registered Agent

81 Name **GARY K. WHELOCK**

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

**38567 U.S. HIGHWAY 19, NORTH**

83

84 City **PALM HARBOR**

FL

85 Zip Code **34684**

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

*Gary K. Wheelock*

**GARY K. WHELOCK**

**3/29/96**

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

Typed Name of Registered Agent and title, if applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **WHELOCK, GARY K**

1.2 NAME

STREET ADDRESS **38567 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

1.3 STREET ADDRESS

CITY-ST-ZIP **PALM HARBOR FL 34684**

1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **WHELOCK, NANCY J**

2.2 NAME

STREET ADDRESS **38567 U.S. HIGHWAY 19 NORTH  
PALM HARBOR FL 34684**

2.3 STREET ADDRESS

CITY-ST-ZIP **PALM HARBOR FL 34684**

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE

3.2 NAME

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

*Gary K. Wheelock*

**3/29/96 813 937 2727**

Date

Daytime Phone #

CR2E034 (12/95)