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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053354 (3)

PERO OF LEE COUNTY, INC.

Principal Place of Business Mailing Address 1318 LAFAYETTE STREET 1318 LAFAYETTE STREET CAPE CORAL FL 33904 CAPE CORAL FL 33904-9770 3a. Date of Last Report 3. Date Incorporated or Qualified 07/06/1995 02/13/1996 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0591851 21 Not Applicable Suite Apt # ofc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HILL, THOMAS W 1318 LAFAYETTE STREET Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 33904 83 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 officer 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. SIGNATURI Signature, typed or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 96/6) 13. 12 DELETE 1.1 TITLE Change TOLL HILL, THOMAS W 12 NAME NAM: 1318 LAFAYETTE STREET 1.3 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 1.4 CITY - ST - ZIP CHTY-ST-ZIF Addition DELETE Change TITLE 2.1 TIFLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-78P Addition TO E DELETE 31 TITLE Change NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-\$1-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDIVESS 43 STREET ADDRESS

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.

4.4 CiTY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE: /

CITY-ST-ZIP

STREE! ADDRESS

STREET ADDRESS

CHY-S1-ZIP

1-TLF

THE

NAME

MONA VI	Vall	FEQUI	Thomas	W. Hill
GNATURE AND TYPED OF	PRINTED NAME OF SI	DNING OFFICER OR DIS	RECTOR	

DELETE

DELETE

Change

Change

Addition

Addition

FILED

Apr 10 1997 8:00am

Secretary of State

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