FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

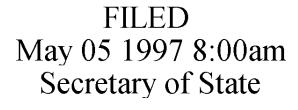
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000062015 (9)

ACCIDENT & INJURY ATTORNEYS OF CALDWELL & VILES,

i	Principal Place of Business
	4415 METRO PARKWAY SUITE 200 FORT MYERS FL 33916
	FORT MYERS FL 33916

Mailing Address





4415 METRO PARKWAY SUITE 200 FORT MYERS FL 33916		SUITE 200	4415 METRO PARKWAY Suite 200 Fort Myers FL 33916-9408		3. Date Incorporated or Qualified 08/10/1995	3a. Date of La 05/01/199		
2. Principal P	lace of Business	2a. Mailing Ao	ioress			4. FET Number		Applied For
26						65-0599614 Not Ap		Not Applicable
Suite, Apt	#, etc.	F 1	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	City & Stat	7 City & State		O First Consider Financia		<u>`</u>		
23	c	28	-·		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip				Country	,	8. This corporation has liability for i	ntangible tax und	der s. 199.032.
24	25	[29]		30			Yes No	
	9. Name and Address of Cu		nt	81	L None	10. Name and Address of New Re	gistered Agent	
	PORATION SERVICE COMPA	INY		81	Name			
1201 HAYS STREET TALLAHASSEE FL 32301-2525					Street Add	iress (P.O. Box Number is Not Acceptab	ile)	
IALL	WUMOOEE LE 25201.5250			83				
				84	City		FL 85	Zip Code
office or a agent. I a SIGNATURE	to the provisions of Sections 607 registered agent, or both, in the Sim familiar with, and accept the o	,0602 and 607,1508, No State of Florida. Such ch abligations of, Section 60	onda Statut iange was i 07.0505, filo	es, the abov authorized b orida Statute	e-named cor y the corpora s.	poration submits this statement for the pation's board of directors. I hereby acceptions	at the appointmen	nt as registered nt as registered
	Signature, typed or ponted mene of registers		(NOI		ont s gradure req.	ured when reinstaling)	DATE	
12.	OF HOERS	AND DIRECTORS	DELETA	13.	т	ADDITIONS/CHANGES TO OFFIC	CLRS AND DIREC	and the same of th
TITLE NAME	VILES, MARCUS W		1.2 NAME				ingo realito	
STREET ADDRESS 4415 METRO PARKWAY, SUITE 200				LADDRESS				
CITY-ST-2IP FORT MYERS FL			14 GHY-					
TITLE	ST		DETETE	2111111			☐ Cha	ange 🔲 Additio
NAME				2.2 NAME				
STREET ADDRESS 4415 METRO PARKWAY, SUITE 200					1 ADDRESS			
CITY-ST-ZIP	FORT MYERS FL	·· ··· · · · · · · · · · · · · · · · ·	DELFTE	2 4 CHY-	ST-ZIP		☐ Chi	ange 🔲 Addition
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STREET ADDRESS				1	1 ADDRESS			
CHY-ST-7IP				3 4. CHY-				
TITLE	□ DELETE			41 THUE			☐ Cha	ange 🔲 Additio
NAME				4 2 NAME				
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CITY-ST-ZIP			,	4 4 CITY-	ST-7IP			
TITLE	☐ DELFTE			5111711		Change		ange 🔲 Additio
NAME				5.2 NAME				
STREET ADORESS					1 ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5 4 CHY- 6 1 HHcf	81-7IP		Cn	ange Additio
NAME		L	, treet in	6.2 NAM(v.	
STREET ADDRESS					T ADDRESS			
CITY-ST-ZiP				6.4 C(1)Y-				

with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the pplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath, that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name on an attachment with an address. 14. I do hereby certify that the in information indicated on the am an officer or direct appears in Block 12 or Bloc