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Mar 19 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 # P95000063446 (5)

1. Corporation Name

S.W. INVESTMENTS OF LEE COUNTY, INC.



Principal Place of Business

19001 N. TAMiami TRAIL
SUITE 4
NORTH FORT MYERS FL 33903

Mailing Address

19001 N. TAMiami TRAIL
SUITE 4
NORTH FORT MYERS FL 33903-7306

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

10/02/1996

4. FEI Number

65-0601904

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

WINER, STEVEN I
12800 UNIVERSITY DRIVE
SUITE 600
FORT MYERS FL 33907

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 of the person filing this report is required when applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME
12.2 STREET ADDRESS
12.3 CITY-ST-ZIP
12.4 TITLE
12.5 NAME
12.6 STREET ADDRESS
12.7 CITY-ST-ZIP
12.8 TITLE
12.9 NAME
12.10 STREET ADDRESS
12.11 CITY-ST-ZIP
12.12 TITLE
12.13 NAME
12.14 STREET ADDRESS
12.15 CITY-ST-ZIP
12.16 TITLE
12.17 NAME
12.18 STREET ADDRESS
12.19 CITY-ST-ZIP
12.20 TITLE

D
KING, BAILEY
19001 N. TAMiami TRAIL, SUITE 4
NORTH FORT MYERS FL 33903

☐ DELETE

D
FAULKNER, WAYNE
19001 N. TAMiami TRAIL, SUITE 4
NORTH FORT MYERS FL 33903

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY-ST-ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY-ST-ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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 included 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97 (941) 731-8811

0396844

CR2E034 (9/96)