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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000073789 (6) DOCUMENT #

1. Corporation Name

TIME OUT OF LEE COUNTY, INC.

Principal Place of Business Mailing Address 7050 WINKLER RD FT MYERS FL 33919 FT MYERS FL 33919						F PARATITUDE THE FORM	i #1117 #0211 00114 06715 (10 (1) 1 0061 (1)(1) 190 1)
						3. Date incorporate 09/22/1995	d or Qualified 3a	. Date of Last F	Report
Principal Pta	nce of Business	2a. Mailing	Address			4. FET Number			Applied For
i i	toe of Edifficos	26				65-00	009343	2	Not Applicable
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc 27				ate of Status Desired Status Desired Fee Required		
City & State		City & State			6. Election Campaig Trust Fund Contr			00 May Be ed to Fees	
Zip	Country	Zip		Country		8. This corporation			199.032,
	25	29	1	30		Florida Statutes	☐ Yes ☐		
	9. Name and Address of Curre	ent Registered A	gent	81	Maria	10. Name and Add	ess of New Regis	tered Agent	
040043	O DETER A ID			61	Name				
	IO, PETER A JR			82	Street Add	lress (P.O. Box Number i	Not Acceptable)		
7050 WINKLER RD FT MYERS FL 33919				83					
I I MILI	10 1 2 003 15							·	
				84	City			FL 85 2	rp Code
·	Signarize typed or protect name of registered by	ND DIRECTORS	(5.19)	forgotered Agen	resilve, no test m	ADDITIONS/CHA	NGES TO OFFICER	BATE RS AND DIRECT	ORS IN 12
12. TITLE	OFFICENS A		7 DELFTE	1.1 hr. F	Т	712071101101		☐ Change	
NAME	GARGANO, PETER A JR	.	J 5 6 1 2 1 2	12 NAME				-	
STREET ADDRESS	7050 WINKLER RD			1.3 STREET	ADDRESS				
CITY-ST-ZIP	FT MYERS FL 33919			1.4 CHY - 5	ST - 216°				
T-TLE			DELETE	2 1 TITLE				☐ Change	- Addition
NAME				2.2 NAME					
STREET ADDRESS				23 STHEF	ADDRESS				
CITY - \$7 - ZIP				2.4 CI*Y - S	31 Zi ²				
TITLE		[] DELETE	3 1 TITLE				Change	: Addition
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STREET ADDRESS				1	LADORESS.				
City - ST - ZiF				3.4 CiTy - 3	ST-ZIP			□ Change	e
1:11.6		L	DELETE	4 1 Tifle				L) cuant	, LI MODING!
NAME				4.2 NAME					
STREET ADDRESS					LADDRESS				
CITY - ST - ZIP			T) DU FEE	4.4 CiTy -	ST-ZIP			Change	e
TITLE		l	DEFEL L	5 1 Tille				☐ cualib	, Page 2001
NAME				5.2 NAME					
STREET ADDRESS	i			5 3 STREE	LADORESS				

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 evanged, or on an attact, bort with an address.

DELETE

54CHY ST-ZIP

6.3 STREET ADDRESS

6 4 CI* r - S1 - Zi^o

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY-S1-ZIP

TITLE

NAME

Bargano PETER A. GARGAND SAND VAME OF SUNJAG OFFICER OR DIRECTOR

Change

Addition

CR2E034 (12/95)

1 1881/2014 1/16 1010 1 61111 6111/1 1011/1 1641/1 1641/1 1641/1 1661/1 1111/1 1661/1 1661/1 1661/1 1661/1 16