

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

**FILED**

**Mar 27 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 # P95000079874 (0)**

**1. Corporation Name**  
**ARGYLL INVESTMENT COMPANY**

**Principal Place of Business**

**2002 N. LOIS AVENUE  
SUITE 650  
TAMPA FL 33607-2366**

**Mailing Address**

**2002 N. LOIS AVENUE  
SUITE 650  
TAMPA FL 33607-2366**

**3. Date Incorporated or Qualified**  
**10/16/1995**

**3a. Date of Last Report**  
**04/19/1996**

**4. FEI Number**  
**59-3342344**

**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**

**2. Principal Place of Business**

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

**2a. Mailing Address**

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

**9. Name and Address of Current Registered Agent**

**CLARK, HERBERT W  
6725 MAYBOLE PLACE  
TEMPLE TERRACE FL 33617**

**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 person appointed as the registered agent and officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **DELETE**  
**NAME** **LORTON, CARL H**  
**STREET ADDRESS** **1616 PENNY STREET**  
**CITY - ST - ZIP** **TAMPA FL 33605**

**TITLE** **D** ☐ **DELETE**  
**NAME** **CLARK, HERBERT W**  
**STREET ADDRESS** **6725 MAYBOLE PLACE**  
**CITY - ST - ZIP** **TEMPLE TERRACE FL 33617**

**TITLE** **D** ☐ **DELETE**  
**NAME** **LORTON, MARY L**  
**STREET ADDRESS** **1616 PENNY STREET**  
**CITY - ST - ZIP** **TAMPA FL 33605**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ **DELETE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**1.1 TITLE** ☐ **Change** ☐ **Addition**

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY - ST - ZIP**

**2.1 TITLE** ☐ **Change** ☐ **Addition**

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY - ST - ZIP**

**3.1 TITLE** ☐ **Change** ☐ **Addition**

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY - ST - ZIP**

**4.1 TITLE** ☐ **Change** ☐ **Addition**

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**5.1 TITLE** ☐ **Change** ☐ **Addition**

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 CITY - ST - ZIP**

**6.1 TITLE** ☐ **Change** ☐ **Addition**

**6.2 NAME**

**6.3 STREET ADDRESS**

**6.4 CITY - ST - ZIP**

**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.**

**SIGNATURE:**   
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/20/97** **2441789**  
**Date** **Daytime Phone #**

CR2E034 (9/96)