

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081349 (9)

1. Corporation Name
INVESTORS TRUST, INC.



Principal Place of Business
3891 FOWLER STREET
FT. MYERS FL 33911

Mailing Address
3891 FOWLER STREET
FT. MYERS FL 33911

2. Principal Place of Business
21 3591 FOWLER STREET

2a. Mailing Address
26 P.O. BOX 6966

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33901

25 Country USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DENMON, RICHARD A
ONE HARBOR PLACE
5TH FLOOR
TAMPA FL 33602

3. Date Incorporated or Qualified
10/24/1995

3a. Date of Last Report

4. FEI Number

☒ 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

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 type or printed name of person authorized to sign this statement

(If Filing Agent's signature is required, attach separate statement)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CRONIN, THOMAS R SR.
STREET ADDRESS POST OFFICE BOX 6966 N/A
CITY-STATE-ZIP FT. MYERS FL 33911

☐ DELETE

TITLE D
NAME FOX, ALLAN R SR.
STREET ADDRESS POST OFFICE BOX 6966 N/A
CITY-STATE-ZIP FT. MYERS FL 33911

☐ DELETE

TITLE D
NAME CRONIN, THOMAS R JR.
STREET ADDRESS POST OFFICE BOX 6966 N/A
CITY-STATE-ZIP FT. MYERS FL 33911

☐ DELETE

TITLE D
NAME LABODA, GERALD DR.
STREET ADDRESS 5285 SUMMERLIN ROAD, #101
CITY-STATE-ZIP FT. MYERS FL 33907-7699

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

☐ Change ☐ Addition

2. TITLE
3. NAME
4. STREET ADDRESS
5. CITY-STATE-ZIP

☐ Change ☐ Addition

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

☐ Change ☐ Addition

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

☐ Change ☐ Addition

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ Change ☐ Addition

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-STATE-ZIP

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 do hereby 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

THOMAS R. CRONIN SR.

4/11/96

941-931-8888

CR2E034 (12/95)