

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 27 1997 8:00am
Secretary of State

DOCUMENT # **P95000085487 (3)**

1. Corporation Name
AVARD ENTERPRISES, INC.



Principal Place of Business
**1635 PINE RIDGE ROAD
NAPLES FL 33942**

Mailing Address
**1635 PINE RIDGE ROAD
NAPLES FL 34109-2129**

3. Date Incorporated or Qualified **11/07/1995** 3a. Date of Last Report **04/29/1996**

2. Principal Place of Business 2a. Mailing Address
21 **2835 Davis Blvd.** 26 **1635 Pine Ridge Rd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Naples, FL** 27 **Naples FL**
City & State City & State
23 **34104** 25 **USA** 28 **34109** 30 **USA**
Zip Country Zip Country

4. FEI Number **65-0625924** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution 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
**LOCKER, JOSEPH R JR.
350 FIFTH AVENUE SOUTH
SUITE 200
NAPLES FL 33940**

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JAEGER, RICHARD L			12 NAME			
STREET ADDRESS	138 CARICA ROAD			13 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33963			14 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JAEGER, ANNE M			22 NAME			
STREET ADDRESS	138 CARICA ROAD			23 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33963			24 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURNS, DAVID R			32 NAME			
STREET ADDRESS	1278 GRAND CANAL DR.			33 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33963			34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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

3/15/97 (941)591-0220

0414391

CR2E034 (9/96)