

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

FILED
Mar 20 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 # P96000013900 (1)

1. Corporation Name
RESULTS, INC. OF FORT MYERS



Principal Place of Business

11668 MAHOGANY RUN
FT. MYERS FL 33913

Mailing Address

11668 MAHOGANY RUN
FT. MYERS FL 33913-8303

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ALLEN, DAVID P
11668 MAHOGANY RUN
FT. MYERS FL 33913

4. FEI Number

65-0642863

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

DANIEL P. ALLEN

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 607.1506, 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

Dan Allen DAN ALLEN

3-17-97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP

P
ALLEN, ELIZABETH A
11668 MAHOGANY RUN
FT. MYERS FL 33913

TITLE NAME STREET ADDRESS CITY, ST, ZIP

VST
ALLEN, DANIEL P
11668 MAHOGANY RUN
FT. MYERS FL 33913

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

TITLE NAME STREET ADDRESS CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 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:

Dan Allen DAN ALLEN

3-17-97

941-768-5779

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

0405883

CR2E034 (9/96)