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

Mailing Address

2a. Mailing Address

2121 MCGREGOR BOULEVARD

FORT MYERS FL 33901-3411

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Piace of Business

2121 MCGREGOR BOULEVARD

2. Principal Place of Business

FORT MYERS FL 33901



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037050 (7)

WHITE ROCK SHOALS FISH CAMP. INC.

26 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution П Added to Fees 23 28 Country Ζιρ Country 8. This corporation has liability for intangible tax under s. 199.032. Zip Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KIESEL, THOMAS F 2121 MCGREGOR BOULEVARD 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33901 83 Zip Code 84 City 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 Stig-aturi, Typed or primed hamic of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition PSTD DELETE 1.1 TITLE TIT.E KIESEL, THOMAS F 1.2 NAME NAME 11620 MCGREGOR BLVD. 1.3 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33919 1.4 CITY-ST-ZIP CITY - S1 - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAM5

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY - ST - ZIP

53 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-\$T-2IP

54 CITY-ST-ZIP

3.4. CITY-ST-ZIP

2. 4 CHTY-ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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.

STREET ADDRESS

STREET ADDRESS CHY-ST-ZIP

CITY - ST - ZIP

THTLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

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NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-74

thowards in the complete SIGNATURE:

DELETE

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APPRUVED

97 JAN 24 AM 10: 09

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3a. Date of Last Report

Applied For

Not Applicable

3. Date Incorporated or Qualified

04/25/1996 4. FEI Number

Change

Change

Change

Change

(96/6) (96/6) CR2E034

Addition

Addition

Addition

Addition