

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

FILED

Apr 29 1997 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000041001 (4)

1. Corporation Name

ADVANCED SERVICES INC., OF FORT MYERS

Principal Place of Business

**15 GLENMONT DR. W.
FT. MYERS FL 33917**

Mailing Address

**15 GLENMONT DR. W.
FT. MYERS FL 33917-4115**



3. Date Incorporated or Qualified

05/07/1986

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0660146

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

9. Name and Address of Current Registered Agent

**SCOTT, TIMOTHY A
4614 SW 20TH PL.
CAPE CORAL FL 33914**

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SCOTT, TIMOTHY A**
CITY- ST- ZIP **4614 SW 20TH PL.
CAPE CORAL FL 33914**

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SCOTT, JEANNE C**
CITY- ST- ZIP **4614 SW 20TH PL.
CAPE CORAL FL 33914**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **MILLINGTON, JAMES R**
CITY- ST- ZIP **15 GLENMONT DR. W.
FT. MYERS FL 33917**

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **MILLINGTON, CANDY S**
CITY- ST- ZIP **15 GLENMONT DR. W.
FT. MYERS FL 33917**

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: *Candy Millington* **CANDY MILLINGTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97 941-656-6224

Date

Daytime Phone #

0401588

CR2E034 (9/96)