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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

45 GLENMONT DR. W.  
FT. MYERS FL 33917

15 GLENMONT DR. W.  
FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/07/1996

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 1423 SE 10th St

Suite, Apt. #, etc.

22 Unit C

City & State

23 Cape Coral

Zip

24 33990

Country

25 LCC

2a. Mailing Address

26 4614 SW 20th Pl

Suite, Apt. #, etc.

27

City & State

28 Cape Coral

Zip

29 33914

Country

30 LCC

9. Name and Address of Current Registered Agent

SCOTT, TIMOTHY A  
4814 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  
SCOTT, TIMOTHY A  
STREET ADDRESS 4814 SW 20TH PL.  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME DP  
SCOTT, JEANNE C  
STREET ADDRESS 4814 SW 20TH PL.  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☒ DELETE

NAME ~~DP~~  
MILLINGTON, JAMES R.  
STREET ADDRESS 15 GLENMONT DR. W.  
CITY-ST-ZIP FT. MYERS FL 33917

TITLE ☒ DELETE

NAME ~~DST~~  
MILLINGTON, CANDY S  
STREET ADDRESS 45 GLENMONT DR. W.  
CITY-ST-ZIP 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 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]* DATE *4-22-98*

CR2E034 (10/97)