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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000046225 (4)**

1. Corporation Name
A COUPLE OF BLIND GUYS, INC.

Principal Place of Business	Mailing Address
27526 BIG BEND ROAD BONITA SPRINGS FL 33923	27526 BIG BEND ROAD BONITA SPRINGS FL 34134-3937

3. Date Incorporated or Qualified: 05/24/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 10931 K-Nine Dr.	26 10931 K-Nine Dr
Suite, Apt. #, etc. 22 Suite # 2	Suite, Apt. #, etc. 27 Suite # 1
City & State 23 Bonita Springs, Fl	City & State 28 Bonita Springs, Fl
Zip / Country 24 34135 / 25 Lee	Zip / Country 29 34135 / 30 Lee

4. FEI Number: 65-0684049 ☐ 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	10. Name and Address of New Registered Agent
HUMPHREVILLE, JOHN D 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLE FL 33940	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	P/S ☒ Change ☐ Addition
NAME	ANDREWS, FERRELL B	1.2 NAME	Andrews, Ferrell B
STREET ADDRESS	27526 BIG BEND ROAD	1.3 STREET ADDRESS	27526 Big Bend Road
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	Bonita Springs, Fl 34134
TITLE	☐ DELETE	2.1 TITLE	VP/T ☐ Change ☒ Addition
NAME		2.2 NAME	Trapani, John M.
STREET ADDRESS		2.3 STREET ADDRESS	3255 Red Blush Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, Fl 34120
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: John Trapani VP John Trapani 3/25/97 941-498-6477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #