

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000053078 (7)

1. Corporation Name

STIFFLER SPECIALTIES OF SOUTHWEST FLORIDA, INC.

FILED

97 JUN 20 AM 7:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



Principal Place of Business

SUITE 9
5780 SHIRLEY STREET
NAPLES FL 33942

Mailing Address

SUITE 9
5780 SHIRLEY STREET
NAPLES FL 34109-1820

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 34109

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/19/1996

3a. Date of Last Report

4. FEI Number

65-0689833

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

HANSON, JOHN
450 NORTH BARFIELD DRIVE
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

81 Name

Richard A. Parrow

82 Street Address (P.O. Box Number is Not Acceptable)

803 Knollwood Court

83

84 City

Naples

FL

85 Zip Code
34108

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]
Signature of individual or principal name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

6/17/97

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HANSON, BERYL
450 NORTH BARFIELD DRIVE
MARCO ISLAND FL 33937

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PARROW, SHIRLEY F
803 KNOLLWOOD COURT
NAPLES FL 33903

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
☒ Change ☐ Addition
zip 34108

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition
100002221041--2
-06/24/97--01031--002
****165.00 ****165.00

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

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. 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]* Shirley F. Parrow (941) 594-5544

CR2E034 (9/96)