

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

FILED

Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000061368 (2)

1. Corporation Name

HI-TIDE REALTY, INC.



Principal Place of Business

17446 MEADOW LAKE CIRCLE
FT MYERS FL 33912

11595 KELLY RD # 124
FT MYERS, FL 33908

Mailing Address

17446 MEADOW LAKE CIRCLE
FT MYERS FL 33912-2506

← SAME

2. Principal Place of Business

21 11595 KELLY RD

22 124
City & State

23 FT MYERS FL

24 33908

Country

25 US

2a. Mailing Address

26 11595 KELLY RD

27 124
City & State

28 FT MYERS, FL

29 33908

Country

30 US

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

—

4. FEI Number

65-0695232

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

WEST, JUDITH
17446 MEADOW LAKE CIRCLE
FT MYERS FL 33912

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
officer 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

Judith A. West

11/14/97

Signature of Registered Agent or Director (Signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME ☐ DELETE

D
WEST, JUDITH
17446 MEADOW LAKE CIRCLE
FT MYERS FL 33912

12.2 NAME ☐ DELETE

D
LAURON, ED
17446 MEADOW LAKE CIRCLE
FT MYERS FL 33912

12.3 NAME ☐ DELETE

12.4 NAME ☐ DELETE

12.5 NAME ☐ DELETE

12.6 NAME ☐ DELETE

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12.16 NAME ☐ DELETE

12.17 NAME ☐ DELETE

12.18 NAME ☐ DELETE

12.19 NAME ☐ DELETE

12.20 NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY-ST-ZIP ☐ Change ☐ Addition

13.5 TITLE ☒ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY-ST-ZIP ☐ Change ☐ Addition

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY-ST-ZIP ☐ Change ☐ Addition

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY-ST-ZIP ☐ Change ☐ Addition

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 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, 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:

Judith A. West

Mar 17, 1997 - 941-481-9112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0400076

CR2E034 (9/96)