2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachm

SIGNATURE:

Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P96000063656 1. Entity Name T. H. F. OF FT. MYERS, INC. Principal Place of Business Mailing Address 15531 SOUTH TAMIAMI TRAIL 15531 SOUTH TAMIAMI TRL FT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0697370 Not Applicable Ζıρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILL, JR L J 15485 SOUTH TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33908 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed of printing name of cognitioned agont and title if applicable. NOTE Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition HILL, LEONARD J JR. NAME NAME 15485 SOUTH TAMIAMI TRAIL STREET ADDRESS U00000023890 STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 *02/02/04-80043-014 158.7*5 City-St-ZiP TD TITLE ☐ Delete TIFL F Change ☐ Addition HILL, DORIS E NAME NAME STREET ADDRESS 15485 SOUTH TAMIAMI TRAIL STREET ADDRESS CITY-ST-7P FORT MYERS FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HILL, LENE A NAME STREET ADDRESS 15485 S. TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33908 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P 12. 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 report or supplier ental 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 of trustee expressed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED

CONAD ST HICL JR #/28/04 239 482-7745