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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.

City & State

Zıp

24

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081046 (0)

D & N OF SOUTHWEST FLORIDA, INC.

Country

15432 FIDDLESTRICKS BOULEVARD

9. Name and Address of Current Registered Agent

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EDWARDS, IRA DUANE

	Mailing Address
15432 FIDDLESTRICKS BOULEVARD FORT MYERS FL 33912	15432 FIDDLESTRICKS BOULEVARD FORT MYERS FL 33912
2. Principal Place of Business	2a. Mailing Address

27

26 Zip

29

Suite, Apt. #, etc.

City & State

FILED Apr 20 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Yes

941-561-3321

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Not Applicable

09/30/1996 4. FEI Number

59-0980503

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

4-1040

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

FORT MITCHS PL 33912			<u> </u>					
			83	•				
			84	City	85 Zip Code			
					FL S Z P COOE			
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 profed name of registered agent and tifle if applicable (NOTE Registered Agent signature required when reinstating) DATE								
12.	Signature, typed or printed name of registered agent and liftle if application of the printed of	DIO (NOTE HO	13.	ent signa	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	- [
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CITY - ST - ZIP			6.4 CITY-					
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 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 charged, or on a attachment with an address.								
Dicer is or process to in chargera, or only attachment without accordes.								

Country

Name

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