SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

- Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P96000082363 (8)

Country

9. Name and Address of Current Registered Agent

25

STEWART, JOSEPH D 2671 AIRPORT ROAD SOUTH

NAPLES FL 34112

SUITE 302

JIM SCHUBARTH, INC.

Principal Place of Business

2671 AIRPORT ROAD SOUTH

2. Principal Place of Business

SUITE 302 NAPLES FL 34112

Suite, Apt. #, etc.

City & State

22

23

24

Zip

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Mailing Address

2671 AIRPORT ROAD SOUTH SUITE 302

NAPLES FL 34112

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

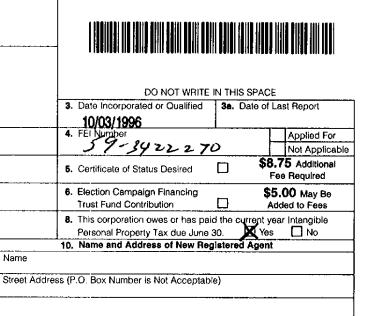
28

29

APPROVED

97 JUL 31 AMII: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



SIGNATURE Signature, typiod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME SCHUBARTH, JIM 1.2 NAME **66 RIVER DRIVE** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE TITLE 41 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

Country

81 Name

82

83

84 City

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.

30

CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 description 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 for on affaitheckment with an address.

DELETE

DELETÉ

Zip Code

Change

Change

Addition

☐ Addition