## FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 P96000104083 (6)

RICHARD J. DODD, P.A.

Principal Place of Business Mailing Address 8337 BUENA VISTA ROAD 8337 BUENA VISTA ROAD FORT MYERS FL 33912 FORT MYERS FL 33912-2678 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 65 - 0718042 21 Not Applicable 28 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip 2ip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 DODD. RICHARD J 8337 BUENA VISTA ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FORT MYERS FL 33912 83 84 City 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 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 printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)DELETE Change Addition TITLE 1.1 TITLE NAME DODD, RICHARD J 1.2 NAME 8337 BUENA VISTA ROAD STREET ADDRESS 1.3 STREET ADDRESS FORT MYERS FL 33912 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELE1E Change Addition TITLE 3 I TITLE NAME 3.2 NAME STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition 5.P NAME STREET ADDRESS 5.8 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Change Addition 6. TITLE NAME 6.₽ NAME STREET ADDRESS 6.8 STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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.