

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

FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000014341 (6)

1. Corporation Name

NATIONAL BUSINESS CONSULTANTS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

1342 COLONIAL BOULEVARD  
BUILDING G, SUITE 56  
FORT MYERS FL 33907

Mailing Address

~~1342 COLONIAL BOULEVARD~~  
~~BUILDING G, SUITE 56~~  
~~FORT MYERS FL 33907~~  
GARY HENRION



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1997

4. FEI Number

65 0729434

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 owes or has paid the current year intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 14680 OLDE MILLPOND CT.

27 Suite, Apt. #, etc.

28 Ft. MYERS, FL

29 33908

30 Country

LEE

9. Name and Address of Current Registered Agent

~~MILLPOND COURT~~  
~~FORT MYERS FL 33908~~  
~~GARY HENRION~~

10. Name and Address of New Registered Agent

81 Name GARY HENRION

82 Street Address (P.O. Box Number is Not Acceptable)  
14680 OLDE MILLPOND CT.

83

84 City Fort MYERS

FL

85 Zip 33908

11. Pursuant to the provisions of Section 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

GARY HENRION

GARY HENRION PRESIDENT

FEB 3, 1998

(Signature typed or printed name of registered agent and filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HENRION, GARY  
STREET ADDRESS 14680 OLDE MILLPOND COURT  
CITY-ST-ZIP FORT MYERS FL 33908

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

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☐ Change ☐ Addition

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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 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: GARY HENRION PRESIDENT FEB 3, 1998

941 939-1818

CR2E034 (10/97)