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Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000049211 (0)

1. Corporation Name

STEVE A. CLAPPER & ASSOCIATES OF FLORIDA, INC.

Principal Place of Business

12065 METRO PARKWAY SUITE 203
FT. MYERS FL 33919

Mailing Address

1500 COLONIAL BLVD. STE. 103
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

65-0755910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P JR
1500 COLONIAL BLVD.
FT. MYERS FL 33907

81 Name

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

83

84 City

FL

85 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 type of printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CLAPPER, STEVE A
STREET ADDRESS 12065 METRO PARKWAY SUITE 203
CITY-ST-ZIP FT. MYERS FL 33919

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Clapper, Steve A
1.3 STREET ADDRESS 7791 Eagle Flight Dr
1.4 CITY-ST-ZIP Ft. Myers, FL 33912

2.1 TITLE Ex. V ☐ Change ☒ Addition

2.2 NAME Clapper, Steve Jr
2.3 STREET ADDRESS 607 Himes Ave #106
2.4 CITY-ST-ZIP Fredrick, MD 21702

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME Aaron Heffner
3.3 STREET ADDRESS 13581 Eagle Ridge Dr.
3.4 CITY-ST-ZIP Ft. Myers, FL 33912

4.1 TITLE S,T ☐ Change ☒ Addition

4.2 NAME Tracy Gagnon
4.3 STREET ADDRESS 6308 Panther Ln. C-9
4.4 CITY-ST-ZIP Ft. Myers FL 33919

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

[Signature]

2/19/98

CR2E034 (10/97)