

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90088 009 ***150.00

DOCUMENT # P97000096193

1. Corporation Name
PROFESSIONAL CLUB SERVICES OF AMERICA, INC.

Principal Place of Business
**1403 EMBASSY WOODS BLVD
NAPLES FL 34103
US**

Mailing Address
**1403 EMBASSY WOODS BLVD
NAPLES FL 34104
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

59-3477786

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 the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 **17595 S. Tamiami Trail**

2a. Mailing Address

26 **17595 S. Tamiami Trail**

Suite, Apt. #, etc.

22 **Suite 202**

Suite, Apt. #, etc.

27 **Suite 202**

City & State

23 **FT Myers, FL**

City & State

28 **FT Myers, FL**

Zip

24 **33908**

Country

25 **USA**

Zip

29 **33908**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**SPEECHLY, C S JR
7550 SUNSHINE SKYWAY LANE T43
ST. PETERSBURG FL 33711**

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

C. S. Speechly Jr.
Signature, typed or printed name of registered agent and title if applicable.

(No 12: Registered Agent signature required when reinstating)

DATE

1/5/98

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SPEECHLY, C S JR**

STREET ADDRESS **7550 SUNSHINE SKYWAY LANE T43**

CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE **VD** ☐ DELETE

NAME **SARVER, JOHN C**

STREET ADDRESS **9232 PINEAPPLE ROAD**

CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **STD** ☐ DELETE

NAME **SARVER, ROBERT L II**

STREET ADDRESS **9232 PINEAPPLE ROAD**

CITY-ST-ZIP **FORT MYERS FL 33912**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

C. S. Speechly Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/98

727-415-7276

CR2E034 (1/98)