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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S04834

RICHARD M. GROFF ADVISORY SERVICES CORP. Mailing Address Principal Place of Business 2640 GOLDEN GATE PARKWAY 2640 GOLDEN GATE PARKWAY SUITE 101 SUITE 101 DO NOT WRITE IN THIS SPACE NAPLES FL 34105 NAPLES FL 34105 3. Date Incorporated or Qualified US 10/05/1990 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0219292 Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes or has paid the current year Intangible Zφ Country Yes ☐ No 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent B1 Name GEHRKE, CAHRLES R 3001 TAMIAMI TRAIL N Street Address (P.O. Box Number is Not Acceptable) 2375 TAMIAMI TRAIL NORTH, SUITE 306 NAPLES FL 33941 Zip Code 84 City 85 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 proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE PDS JOHNSON-GROFF, JOAN C 1.2 NAME NAME 27340 HIDDEN RIVER CT 1.3 STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE GROFF, RICHARD M 2.2 NAME NAME 27340 HIDDEN RIVER CT 2.3 STREET ADORESS STREET ADDRESS **BONITA SPRINGS FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP ■ Addition DELETE Change 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. Thereby 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 2-19-91

941-4340883

FILED

Feb 25 1998 8:00am

Secretary of State