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PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$17044

(6)

Mailing Address

FT. MYERS TRIM & SIGN, INC.

FILED
May 08 1997 8:00am
Secretary of State



FT. MYERS FL US	rde drive 33901	2420-3 CONCORDE DRIVE FT. MYERS FL 33901-9145 US			3. Date Incorporated or Qualified	3a. Date of 05/01/19		1
3 Procing (Tace of Business	2a, Mailing Address			4. FEI Number	00/01/18	Applied	1 Cor
		26 3775-A Fo	wlers	\$+,	65-0223361	<u>}</u>		plicable
21 3775-A FOWIER S+, Surte, Apt. #, etc 22		Suite, Apt. #, etc.			5. Certificate of Status Desired See Req			dditional
City & Stat	Myers, FL. Country	City & State 28 Ft. Myers			Election Campalgn Financing Trust Fund Contribution		5.00 May dded to Fe	
^{Ζφ} 339	01 25 Lee	29 33901	Countr 30 4	ee		Yes 🔲 No		.032,
	9. Name and Address of Curre	ent Registered Agent	- 01	l Mass	10. Name and Address of New Reg	istered Agent		
	LER, JOHN B.		81	Name				
905 WILLARD AVE. LEHIGH ACRES FL 33970					ddress (P.O. Box Number is Not Acceptable)			
			83					
			84	City		FL 85	Zip Code)
11 Durament	to the previsions of Contons CO2 of	502 and 607 1508 Florida Stated	an the abov	n namod o	orporation submits this statement for the pr		aina ite rac	rictorad
office or agent Ta SIGNATURE					ration's board of directors. I hereby accep		ent as regis	stered
	Storiature, type-dior printed name of registered a	agent and title if applicable. (NOT ND DIRECTORS		ent signaturë rë	equired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE EDG AND DIDE	CTORE IN	10
12.		IND DIRECTORS	13.		ADDITIONS/UNAINGES TO OFFIC	ENO AND DINE	ויוו קמטוט:	12
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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 10 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97 941-939-2343

time Phone #