

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S29401 (4)

1. Corporation Name

TIDEWATER ISLAND DEVELOPMENT CORP.



Principal Place of Business

6719 WINKLER RD
STE 121
FT. MYERS FL 33919

Mailing Address

6719 WINKLER RD
STE 121
FT. MYERS FL 33919

3. Date Incorporated or Qualified
02/01/1991

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
65-0244272

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUMSDEN, DENNIS J.
6719 WINKLER ROAD
SUITE 121
FT. MYERS FL 33919

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
DPT
TAYLOR, LYNNE C.
6966 OVERLOOK DRIVE
FT. MYERS FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
D
VALENTI, ANNE T.
6040 SWORDS WAY, SW
FT. MYERS FL

1.2 NAME

TITLE ☐ DELETE

NAME
SD
LUMSDEN, DENNIS J.
6719 WINKLER ROAD, SUITE 121
FORT MYERS FL

1.3 STREET ADDRESS

TITLE ☐ DELETE

NAME
SD
LUMSDEN, DENNIS J.
6719 WINKLER ROAD, SUITE 121
FORT MYERS FL

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
SD
LUMSDEN, DENNIS J.
6719 WINKLER ROAD, SUITE 121
FORT MYERS FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
SD
LUMSDEN, DENNIS J.
6719 WINKLER ROAD, SUITE 121
FORT MYERS FL

2.2 NAME

TITLE ☐ DELETE

NAME
SD
LUMSDEN, DENNIS J.
6719 WINKLER ROAD, SUITE 121
FORT MYERS FL

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Dennis J. Lumsden

DENNIS J. LUMSDEN

2-7-96

941-485-1774

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)