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Jun 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S34593** (1)  
1. Corporation Name  
**SOWESCO DEVELOPMENT CORPORATION**

Principal Place of Business  
**13611-6 MCGREGOR BLVD.  
FORT MYERSND FL 33919**

Mailing Address  
**13611-6 MCGREGOR BLVD.  
FORT MYERSND FL 33919-6042**



2. Principal Place of Business  
21 **14360 McGregor Blvd**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Ft Myers, FL**  
Zip  
24 **33919** Country  
25 **US**  
2a. Mailing Address  
26 **14360 McGregor Blvd**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Ft Myers, FL**  
Zip  
29 **33919** Country  
30 **US**

3. Date Incorporated or Qualified  
**02/25/1991**  
3a. Date of Last Report  
**05/01/1996**  
4. FEI Number  
**65-0247542**  
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  
**CLAYPOOL, CHUCK  
13611-6 MCGREGOR BLVD.  
FORT MYERS FL 33919**  
81 Name **Chuck Claypool**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **14360 McGregor Blvd**  
84 City **Ft Myers** FL 85 **33919**

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 **Chuck Claypool** **CHUCK CLAYPOOL - PRESIDENT** **1-15-97**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE **DV** ☒ DELETE  
NAME **WATSON, AMOS D.**  
STREET ADDRESS **940 CHALMER DR.**  
CITY-ST-ZIP **MARCO ISLAND FL**  
TITLE **DP** ☐ DELETE  
NAME **CLAYPOOL, HAROLD CHARLES**  
STREET ADDRESS **940 CHALMER DR.**  
CITY-ST-ZIP **MARCO ISLAND FL**  
TITLE **S** ☒ DELETE  
NAME **ROACH, MICHAEL J.**  
STREET ADDRESS **931 COLLIER CT A-203**  
CITY-ST-ZIP **MARCO ISLAND FL**  
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  
**Bank Dep 116500** **6/11/97**

14. I do 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 **Chuck Claypool** **CHUCK CLAYPOOL** **1-15-97** **941-482-0070**

CR2E034 (9/96)