

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S42350** (6)

1. Corporation Name
GASPARILLA CONSTRUCTION CORP.



Principal Place of Business
**7290 COLLEGE PARKWAY
SUITE 424
FT MYERS FL 33907**

Mailing Address
**7290 COLLEGE PARKWAY
SUITE 424
FT MYERS FL 33907**

3. Date Incorporated or Qualified **04/01/1991** 3a. Date of Last Report **03/06/1995**

4. FEI Number **22-3104269** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**FARR, EARL DRAYTON
115 W OLYMPIA AVE
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent

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 re-registering

Date:

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, STEPHEN L	
STREET ADDRESS	7290 COLLEGE PKWY #424	
CITY-ST-ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, STEPHEN L	
STREET ADDRESS	7290 COLLEGE PKWY #424	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VAN CLIFF, MARY ANN	
STREET ADDRESS	7290 COLLEGE PKWY #424	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	AVP	<input type="checkbox"/> DELETE
NAME	PATERSON, ARTHUR	
STREET ADDRESS	7290 COLLEGE PKWY #424	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HALL, VALERIE A.	
STREET ADDRESS	7290 COLLEGE PKWY #424	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PATERSON, ARTHUR	
STREET ADDRESS	7290 COLLEGE PKWY #424	
CITY-ST-ZIP	FT. MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mary Ann Van Cliff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE-President

3-12-96 (212)644-0774

Date:

Daytime Phone:

CR2E034 (12/95)