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Apr 01 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 # S43144 (2)

1. Corporation Name
FLORIDA TENT, INC.



Principal Place of Business

2463 FRANKLIN ST.
~~UNIT 89-40~~
FT. MYERS FL 33901
US

Mailing Address

4293 A ISLAND CIRCLE
~~UNIT 39-40~~
FT. MYERS FL 33919-4432
US

3. Date Incorporated or Qualified
04/03/1991

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.
N/A
22 City & State

23 Zip Country
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.
N/A
27 City & State

28 Zip Country
29 30

4. FEI Number

65-0253281

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

GEORGE, RAYMOND H.
1110 PINE ISLAND ROAD
UNIT 39-40
CAOE CORAL FL 33919

10. Name and Address of New Registered Agent

81 Name
RAYMOND A. GEORGE
82 Street Address (P.O. Box Number is Not Acceptable)
4293-A ISLAND CIRCLE
83
84 City
FT MYERS FL 85 Zip Code
33919

11. Pursuant to the provisions of Sections 607.0507 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

3-23-97

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GEORGE, RAYMOND H.	
STREET ADDRESS	405 GRAVELLY HILL RD	
CITY-ST-ZIP	WAKEFIELD RI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GEORGE, RAYMOND A.	
STREET ADDRESS	4293A ISLAND CIR.	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEORGE, BARBARA F.	
STREET ADDRESS	405 GRAVELLY HILL RD.	
CITY-ST-ZIP	WAKEFIELD RI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-97 941 4584141

CR2E034 (9/96)