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**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

65 APR 26 PM 1:45

DOCUMENT # S63589

(3)

1. Corporation Name

HEATH INVESTMENTS OF LEE COUNTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2000 MCGREGOR BLVD.
THIRD FLOOR
FT. MYERS FL 33901**

**2000 MCGREGOR BLVD.
THIRD FLOOR
FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/27/1991

3a. Date of Last Report

11/28/1994

4. FEI Number

65-0373437

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 1625 HENDRY STREET

2a. Mailing Address

26 1625 HENDRY STREET

Suite, Apt. #, etc.

22 SUITE 301

Suite, Apt. #, etc.

27 SUITE 301

City & State

23 FORT MYERS, FL

City & State

28 FORT MYERS, FL

Zip

24 33901

Country

25 LEE

Zip

29 33901

Country

30 LEE

9. Name and Address of Current Registered Agent

**HUBBARD, STEVEN W.
2000 MCGREGOR BLVD.
THIRD FLOOR
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name

GEORGE L. CONSOER, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

1625 HENDRY STREET

83

SUITE 301

84 City

FORT MYERS,

FL

85 Zip Code
33901

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPST

MELLER, JOHN

66 HAUTEVILLE

**ST. PETERSBURG FL - ST. PETER PORT
GUERNSEY GYL 1DQ.**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

DPST

MELLER, JOHN

66 HAUTEVILLE

ST. PETER PORT GUERNSEY GYL 1DQ

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 110.07(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 resolver 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] **Mr. J. P. MELLER** **March 1, 1995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #