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FILED

Apr 30 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 # S64254

1. Corporation Name

PRESIDENTIAL INVESTMENT, INC.

Principal Place of Business

Mailing Address

3003 TAMIAMI TRAIL NORTH  
NAPLES, FL 33940

3003 TAMIAMI TRAIL NORTH  
NAPLES, FL 33940

3. Date Incorporated or Qualified  
07/05/1991

3a. Date of Last Report  
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 3003 TAMIAMI TRAIL NORTH

26 3003 TAMIAMI TRAIL NORTH

65-0277724

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAPLES, FL

28 NAPLES, FL

24 Zip Country  
34103

29 Zip Country  
34103

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

BOTOS, MICHAEL E.  
1900 PHILLIPS POINT DRIVE  
777 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401-6198

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 of officer or director of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FLOOD, THOMAS J.	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-STATE-ZIP	NAPLES, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BIRR, JEFFREY M.	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-STATE-ZIP	NAPLES, FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	FLORA, TERRY L.	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-STATE-ZIP	NAPLES, FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLIER, MILES C.	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-STATE-ZIP	NAPLES, FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MASON, CHARLES H.	
STREET ADDRESS	3003 TAMIAMI TRAIL NORTH	
CITY-STATE-ZIP	NAPLES, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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-05/02/97--01061--047  
\*\*\*165.00

14. I 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

TERRY L. FLORA

4/24/97

Date

941-261-4455

Daytime Phone

CR2E034 (9/96)