## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S93737 ·

CORPORATE SERVICES OF LEE COUNTY, INC.

97 AUG 25 PM 1:08

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	ce of Business,	Mailing Address		* *************************************	albit atati atati Albit 61811 61611 1881
	941 WEDGE DR. 11941 WEDGE DR.				
FT.MYERS FL 33913 FT.MYERS FL 33913			DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified	3a. Date of Last Report
				11/12/1991	04/24/1996
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 93 /	7 Lennex Lane	26 PO Box 1	07454	65-0297147	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	₽ <b>.</b>		CR 75 Additional
22 27				5. Certificate of Status Desired	Fee Required
City & State VTP( EI City & State VTP C EI				6. Election Campaign Financing	\$5.00 May Be
20 FT. MYEKS, FL 28 FT. MYERS, FL				Trust Fund Contribution	Added to Fees
უ <sup>ჳ</sup> ღ∙ჳ (	a 19 Country	7ip	Country	8. This corporation owes or has paid	
24 32	9. Name and Address of Current F		30 LEE	Personal Property Tax due June	
		10. Name and Address of New Reg	Jistered Agent		
CARNER, MICHAEL W				Charles J. Ba	.rnhart dr
11941 WEDGE DR 82				Address (P.O. Box Number is Not Acceptab	(e)
FT MYERS FL 33913				317 Lennex Lane	
			84 City	T MYERS	FL 85 Zip Code 3 3 9 1 9
11. Pursuant	to the provisions of Sections 607.0502 a	irid 607,1508, Florida Statutes	s the above-named	corporation submits this statement for the p	unose of changing its registered
office or r	registered agent, or both, in the State of	Horida. Such change was au	thorized by the corp	oration's board of directors. Thereby accep	t the appointment as registered
office or registered agent, or both, in the State of forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with as accept the obligations of Section 677.0505, Florida Statutes.					
SIGNATURE (	Stgnato - Fee or printed name of registered agent a	nd title if appricate (NOTE:	Flegistered Agent signature	required when reinstating)	11 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 THE	DP	art In Addition
NAME	CARNER, MICHAEL W	•	1.2 NAME	Charles & Barnn	artin
STREET ADDRESS	11941 WEDGE DR		1.3 STREET ADDRESS	Charles J Barnh 9317 Lenner Lane	·
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	F+ Myers F/	33919
TITLE		☐ DELETE	2.1 TITLE	, , , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
NAME			2.2 NAME <		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		T DELETE	2 4 CHY-ST-7IP		
TITLE		☐ DELETE	3.1 TITLE	والمراجع والمحاو والمحاو والمحاو والمحاو والمحاور والمحاور والمحاور والمحاور والمحاور والمحاور	☐ Change ☐ Addition ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
NAME			3.2 NAME	4000022 -09/27/	ลั <b>?</b> กเกล็ก013
STREET ADDRESS			3.3 STREET ADDRESS	****16	5.00 ****165.00
CITY-ST-ZIP		DELFTE	3.4. CITY - ST - ZIP		
TITLE NAME		ותנדונ 🗀	4.1 TITLE		☐ Change ☐ Addition
			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - \$1 - ZIP		Change Addition
NAME		in the state of	5.1 THEE 5.2 NAME		L_1 Change L_1 Addition
STREET ADDRESS					
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-St-Zip		
TITLE		DELETE	61 THUE	A 0.	Change Addition
NAME		Proof TTTTT	62 NAME	(), alan	
STREET ADDRESS			6.3 STREET ADDRESS	0.00	102
CITY-ST-ZIP			6.4 C/TY-S1-Z/P	6/6	) <i>  11</i> 1
14. Ldo hereb	by certify that the information supplied w	ith this filing does not qualify	for the exemption sta	ated in Section 119.07(3)(i), Florida Statutes	I further certify that the
Impormation indicated on this achieval report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 of Block 13 if Changed, or on an attachment, with an afforess.					
010114-	LA STORE	A LANGE CONTRACTOR	Maria San	8/18/07/	94171101 15:27

Pg.2012

## Corporate Services of Lee County PO Box 07454 Ft. Myers, Florida 33919

Division or Corporations PO Box 6327 Tallahassee, Florida 32314

Dear Sirs,

This is to inform you that I never received my first notice for my 1997 corporation Annual Report. In the future I will be looking for the annual report and inform you if it is not received in time to report 1998.

Thank you,

C/J. Barnhart Jr. President