

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V02974

(6)

1. Corporation Name
MENIKS, INC.



Principal Place of Business

1161 SUN CENTURY ROAD
STE 2
NAPLES FL 33963
US

Mailing Address

1161 SUN CENTURY ROAD
STE 2
NAPLES FL 34110-8431
US

3. Date Incorporated or Qualified
01/01/1992

3a. Date of Last Report
03/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4. FEI Number

65-0307679

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

JOHNSON, JEFFREY J.
1161 SUN CENTURY RD
STE 2
NAPLES FL 33942

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 revisiting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ DELETE

NAME JOHNSON, JAMES M
STREET ADDRESS 2115 IMPERIAL G C BLVD
CITY-ST-ZIP NAPLES FL

TITLE ~~JD~~ ☐ DELETE

NAME COX, DAVID B.
STREET ADDRESS 1989 IMPERIAL GOLF COURSE
CITY-ST-ZIP NAPLES FL

TITLE ~~D~~ ☐ DELETE

NAME JOHNSON-COX, DAWN
STREET ADDRESS 1989 IMPERIAL GOLF COURSE
CITY-ST-ZIP NAPLES FL

TITLE ~~SD~~ ☐ DELETE

NAME JOHNSON, JEFFREY J.
STREET ADDRESS 1161 SUN CENTURY RD, STE 2
CITY-ST-ZIP NAPLES FL

TITLE ~~PD~~ ☐ DELETE

NAME JOHNSON, PHYLLIS J.
STREET ADDRESS 114 ANGUILLA LANE
CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~YD~~ ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ~~PD~~ ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ~~TD~~ ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ~~D~~ ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

4. 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 OF REGISTERED AGENT

4/7/97

944-886-2232

CR2E034 (9/96)