

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V12572** (6)

1. Corporation Name

DIVERSIFIED MANAGEMENT OF LEE COUNTY, INC.



Principal Place of Business

**1841 ORTIZ AVE
FT MYERS FL 33905**

Mailing Address

**PO BOX 50868
TICE FL 33905**

3. Date Incorporated or Qualified

02/07/1992

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**ZURLA, ALDA
1841 ORTIZ AVE
FT MYERS FL 33905**

4. FEI Number

65-0323569

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

10. Name and Address of New Registered Agent

81 Name

STEVEN B. WALSH

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

2209 ARDEN STREET

83

84 City

FT. MYERS

FL

85 Zip Code

33907

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

Steven B. Walsh
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

STEVEN B. WALSH Pres. 4-23-96

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**ZURLA, ALDA
2211 ARDEN ST
FT MYERS FL 33907**

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**WALSH, STEVEN B
2209 ARDEN STREET
FT. MYERS FL 33907**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**WALSH, MARIA
2209 ARDEN STREET
FT. MYERS FL 33907**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

**BELL, VERA A
11950 HONEYSUCKEL ROAD
FT. MYERS FL 3392**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96

DATE

941-936-6859

DAYTIME PHONE #

CR2E034 (12/95)