

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 # **V27356** (7)

1. Corporation Name

ERICKSEN/BAY SHORE PLACE CORPORATION



Principal Place of Business

**6318 TRAIL BLVD NORTH
NAPLES FL 33963**

Mailing Address

**6318 TRAIL BLVD NORTH
NAPLES FL 33963**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/06/1992

3a. Date of Last Report

04/17/1995

4. FLL Number

65-0334255

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

Grover G. Ericksen

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

6318 Trail Blvd.

83.

84. City

Naples

FL

85. Zip Code
33963

11. Pursuant to the provisions of Sections 607.012 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent 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

Grover G. Ericksen, Director

4/28/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D ERICKSEN, GROVER G**
STREET ADDRESS **6318 TRAIL BLVD NORTH**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **D CARPENTER, ROY R JR**
STREET ADDRESS **801 LAUREL OAK DR #710**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ 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 ☐ 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

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 119.07(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 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, or is being changed, or on an attachment with an address.

SIGNATURE:

Grover G. Ericksen, Director

04/28/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR

CR2E034 (12/95)