

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

FILED

May 07 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 # V70245 (8)

1. Corporation Name  
WILLIAM R. STRACHAN, INC.



Principal Place of Business  
11595 KELLY ROAD  
304  
FORT MYERS FL 33908  
US

Mailing Address  
11595 KELLY ROAD  
304  
FORT MYERS FL 33908-2539  
US

3. Date Incorporated or Qualified  
10/12/1992

3a. Date of Last Report  
07/10/1996

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
65-3146495

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 316

Suite, Apt. #, etc.  
27 316

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

City & State  
23

City & State  
28

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

Zip  
24

Country  
25

Zip  
29

Country  
30

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

STRACHAN WILLIAM R  
293 CAROLINA AVE  
FT. MYERS BEACH FL 33931

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
16281 BENTWOOD PALMS DRIVE  
83  
84 City FORT MYERS FL 85 Zip Code FL 33908

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	STRACHAN, WILLIAM R.	
STREET ADDRESS	11595 KELLY RD 304	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRACHAN, WILLIAM R.	
STREET ADDRESS	11595 KELLY RD 304	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRACHAN, SUE C	
STREET ADDRESS	293 CAROLINA AVE	
CITY-ST-ZIP	FT MYERS BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	11595 KELLY RD 304
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11595 KELLY RD 304
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	16281 BENTWOOD PALMS DRIVE
3.4 CITY-ST-ZIP	FORT MYERS, FL 33908
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: WILLIAM R. STRACHAN 4.1.97 941-466-5505  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)