FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **611558** **(8)**

1. Corporation Name

NINE ONE MIKE, INC.

Principal Place of Business	Mailing Address
1470 ROYAL PALM SQ. BLVD. FT MYERS FL 33919	1470 ROYAL PALM SQ. BLVD. FT MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/02/1979**
3a. Date of Last Report: **01/27/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25 **Lee**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30 **Lee**

4. FEI Number: **59-1895976** ☐ 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

SNELL, FRANK A
1470 ROYAL PALM SQ. BLVD.
FT. MYERS FL 33919

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	PAGE, PAUL	12 NAME		
STREET ADDRESS	2412 KENT	13 STREET ADDRESS		
CITY ST ZIP	FT MYERS, FL 00000	14 CITY ST ZIP		
TITLE	D	21 TITLE	D	☐ Change ☒ Addition
NAME	CREWS, GEORGE	22 NAME	Arnold R. McFarlane	
STREET ADDRESS	16260 FAIRWAY WOODS#1505	23 STREET ADDRESS	Post Office Box 9619 n/a	
CITY ST ZIP	FT. MYERS FL	24 CITY ST ZIP	Naples, FL 33941-9619	
TITLE	PD	31 TITLE		☐ Change ☐ Addition
NAME	SNELL, FRANK A	32 NAME		
STREET ADDRESS	1470 ROYAL PALM SQ.BLVD.	33 STREET ADDRESS		
CITY ST ZIP	FT MYERS, FL 00000	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	INK, STAN	42 NAME		
STREET ADDRESS	1625 SILVERWOOD CT.	43 STREET ADDRESS		
CITY ST ZIP	NORTH FT.MYERS FL	44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 added in connection with an address.

SIGNATURE: _____ President Frank Snell 4/4/95 (813)939-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0623041 CP