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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **618317** **(2)**

1. Corporation Name
ANN CARRIGER, C.P.A., P.A.

Principal Place of Business	Mailing Address
11690 CARAVEL CIRCLE STE 17 FT. MYERS FL 33908 US	11690 CARAVEL CCIRCLE FT. MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

15120 Ports of Iona Drive	15120 Ports of Iona Drive
3. Date Incorporated or Qualified: 04/18/1979	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business	2a. Mailing Address
21 A104	26 A104
Suite, Apt. #, etc: 22 Fort Myers, Florida	Suite, Apt. #, etc: 27 Fort Myers, Florida
City & State: 23 33908	City & State: 28 33908
Zip: 24	Country: 25
Zip: 29	Country: 30 Lee
4. FEI Number: 59-1910912	☐ 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

CARRIGER, ANN
11690 CARAVEL CIR
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 15120 Ports of Iona Drive, A104

83

84 City: Fort Myers, FL 85 Zip Code: 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: (If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent's address) (All)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	CARRIGER, ANN	12 NAME	
STREET ADDRESS	11690 CARAVEL CIR	13 STREET ADDRESS	15120 Ports of Iona Drive, A104
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	Fort Myers, Florida 33908
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		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/We hereby certify that the information supplied with this filing is, and shall remain true and correct; that I/we qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I/We 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 1, 2 or 10 if changed, or added in an attachment with an address.

SIGNATURE: Ann Carriger Ann Carriger 7/23/95 813-481-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

0450140 FP