SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUS[T] 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RE[INSTATE]: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT [OF STATE]
Sandra B. Mortha[m]
Secretary of Sta[te]
DIVISION OF CORPOR[ATIONS]

DOCUMENT # **681546** **(8)**

1. Corporation Name

SHERMAN A. DRAWDY, P.A.

Principal Place of Business	Mailing Address
3440 C CONWAY BLVD P.O. BOX 2551 PORT CHARLOTTE FL 33949	3440 C CONWAY BLVD P.O. BOX 2551 PORT CHARLOTTE FL 33949

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

3. Date Incorporated or Qualified: 08/01/1980
3a. Date of Last Report: 04/03/1995
4. FEI Number: 59-2019839 ☐ 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

DEES, FRED B.
3440 CONWAY BOULEVARD
BLDG. 2, UNIT C
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a[bove]-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 authorize[d] 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 Sta[tutes]

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	☐ DELETE	11	☐ Change ☐ Addition
NAME	DRAWDY, SHERMAN A		12	
STREET ADDRESS	NOVA LANE		13	
CITY-ST-ZIP	PT. CHARLOTTE FL		14	
TITLE	T	☐ DELETE	21	☐ Change ☐ Addition
NAME	DRAWDY, SHERMAN A		22	
STREET ADDRESS	NOVA LANE		23	
CITY-ST-ZIP	PT. CHARLOTTE FL		24	
TITLE		☐ DELETE	31	☐ Change ☐ Addition
NAME			32	
STREET ADDRESS			33	
CITY-ST-ZIP			34	
TITLE		☐ DELETE	41	☐ Change ☐ Addition
NAME			42	
STREET ADDRESS			43	
CITY-ST-ZIP			44	
TITLE		☐ DELETE	51	☐ Change ☐ Addition
NAME			52	
STREET ADDRESS			53	
CITY-ST-ZIP			54	
TITLE		☐ DELETE	61	☐ Change ☐ Addi
NAME			62	
STREET ADDRESS			63	
CITY-ST-ZIP			64	

CR2E034 (3/96)

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]. further certify that the information indicated on this annual report or supplemental an[nual report is true and accurate and that my signature shall have the same legal effect] 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 617, Florida Statutes]; that my name appears in Block 12 or Block 13 if changed, or on an attachment with a[n address]

SIGNATURE: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHERMAN A. DRAWDY PRES

0170617