FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State

DOCUMENT # **F27637** **(0)**

1. Corporate Name

JOHN KYLE SHOEMAKER, P.A.

Principal Place of Business

PO BOX 1601
FT MYERS FL 33902

Mailing Address

PO BOX 1601
FT MYERS FL 33902

·APPROVED AND FILED

·95 MAY -1 AM 5:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1981**	3a. Date of Last Report: **08/02/1994**
4. FEI Number: **59-2111204**	☐ 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 qualify for corporate tax under S. 1371(a) Florida Statutes ☐ Yes ☐ No	

21 Street Address

22 Suite, Apt. #, etc.

23 City, State

24 Zip 25 Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City, State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

SHOEMAKER JOHN KYLE
2058 COTTAGE ST.,
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.1501, 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. The name and address of the registered office and the name and address of the registered agent of the corporation as changed, are as set forth in Section 607.0501, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

Title	ST
Name	SHOEMAKER, JOHN K
Street Address	2058 COTTAGE STREET
City-State-Zip	FT MYERS, FL 00000
Title	PD
Name	SHOEMAKER, JOHN K
Street Address	2058 COTTAGE STREET
City-State-Zip	FT MYERS, FL 00000

13. ADDITIONS, CHANGES, DELETIONS AND/OR CORRECTIONS

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this report is accurately transcribed and does not qualify for the exemptions stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this 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 above, or on an attachment with an address.

SIGNATURE: John Kyle Shoemaker 4/4/95 813-332-3855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0332031 CP