

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F27637** (0)
1. Corporation 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/31/1981	
4. FEI Number 59-2111204	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 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 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST SHOEMAKER, JOHN K	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2058 COTTAGE STREET	1.2 NAME	
STREET ADDRESS	FT MYERS, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD SHOEMAKER, JOHN K	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2058 COTTAGE STREET	2.2 NAME	
STREET ADDRESS	FT MYERS, FL 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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:

John Kyle Shoemaker Pres

4/7/98 (941) 332 3855

CR2E034 (10/97)

LAW OFFICES
JOHN KYLE SHOEMAKER, P.A.
ATTORNEY AT LAW

941-332-3855

2088 COTTAGE STREET
"THE COMPOUND"
FORT MYERS, FLORIDA 33901

4/2/98

REPLY TO:
POST OFFICE BOX 1601
FORT MYERS, FLORIDA 33902

LETTER OF TRANSMITTAL

TO: Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee FL 32302-1500

RE:

ENCLOSURES: 57 Amand Annual Return
Check 5086 SMR Inc. \$150.00

The above Enclosure (s) is/are:

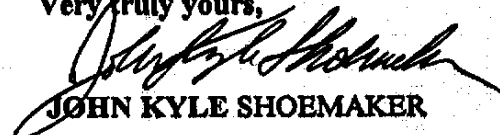
- ☐ For your information
- ☐ For your signature and return
- ☐ For signature and forwarding
- ☐ As noted below
- ☐ For review and comment
- ☒ For payment
- ☐ For necessary action
- ☐ Per your request
- ☐ - Per our conversation
- ☐ For remittance

- ☒ For your files
- ☐ See remarks below
- ☐ For execution in presence of a
Notary who must affix Seal and
Comm. Expiration date
- ☐ For execution in presence of
Notary and two witnesses. Notary
Must affix Seal and Comm expir-
ation date.

Remarks:

Enclosed is the annual report and check

Very truly yours,


JOHN KYLE SHOEMAKER

bc :blue letters. jks