FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F35496** **(1)**

1. Corporation Name
STATES & COMPANY, INC.

Principal Place of Business
% JOHN E STATES
625 SUNNYSIDE COURT
FT MYERS FL 33919

Mailing Address
% JOHN E STATES
625 SUNNYSIDE COURT
FT MYERS FL 33919

3. Date Incorporated or Qualified: **05/20/1981**
3a. Date of Last Report: **02/13/1995**

2. Principal Place of Business
21 **10501 Six Mile Cypress Pkwy**
22 Suite, Apt. #, etc. **STE 107**
23 City & State **FORT MYERS FL**
24 Zip **33912**
25 Country **USA**

2a. Mailing Address
26 **10501 Six Mile Cypress Pkwy**
27 Suite, Apt. #, etc. **STE 107**
28 City & State **FORT MYERS FL**
29 Zip **33912**
30 Country **USA**

4. FEI Number: **42-1086147** 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

STATES, JOHN E
625 SUNNYSIDE COURT
FT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **10501 SIX MILE CYPRESS PKWY.**
83 **STE 107**
84 City **FORT MYERS** **FL** 85 Zip Code **33912**

11. Pursuant to the provisions of sections 607.0505 and 617.1505, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP	**PTS** **STATES, JOHN E** **625 SUNNYSIDE COURT** **FT MYERS FL** ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY, ST, ZIP	**PTS** ☒ Change ☐ Addition **STATES, JOHN E** **10501 SIX MILE CYPRESS PKWY, STE 107** **FORT MYERS, FL 33912-6900**
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY, ST, ZIP	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY, ST, ZIP	☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY, ST, ZIP	☐ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY, ST, ZIP	☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY, ST, ZIP	☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing is true, accurate and complete. I (We) 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-6-96 941-278-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

CR2E034 (12/95)