

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F40983** (1)

1. Corporation Name

MICHAEL T. SHERER, INC.



Principal Place of Business

Mailing Address

**13133 BURNING TREE AVENUE
FT MYERS FL 33919**

**13133 BURNING TREE AVENUE
FT MYERS FL 33919**

3. Date Incorporated or Qualified
08/19/1981

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2133258

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

10. Name and Address of New Registered Agent

**SHERER, MICHAEL T
13133 BURNING TREE AVENUE
FT. MYERS FL 33919**

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 then if applicable)

(NOTE: Registered Agent signature required when reinstating)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE

NAME **SCIPLE, SARAH**

STREET ADDRESS **5829 WILD FIG DRIVE**

CITY-ST-ZIP **FT MYERS, FL 00000**

TITLE **PVTD** ☐ DELETE

NAME **SHERER, MICHAEL T.**

STREET ADDRESS **13133 BURNING TREE AVE.**

CITY-ST-ZIP **FT. MYERS FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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CITY-ST-ZIP

11 TITLE

12 NAME

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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. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or in an attachment with an address.

SIGNATURE:

Michael T. Sherer

MICHAEL T. SHERER

6/4/96

941-433-5330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034 (3/96)