FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 4:11

DOCUMENT # **F78387** **(0)**

1. Corporation Name
THE SQUIRES III, INC.

Principal Place of Business	Mailing Address
1100 NORTH 14TH STREET LEESBURG FL 34748-0821	1100 NORTH 14TH STREET LEESBURG FL 34748-0821

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1982
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business
21 1100 N. 14th ST
22 Suite, Apt. #, etc.
23 City & State: LEESBURG, FLA
24 Zip: 34748-0821
25 Country: USA, LAKE

2a. Mailing Address
26 1100 N. 14th ST
27 Suite, Apt. #, etc.
28 City & State: LEESBURG, FLA
29 Zip: 34748-0821
30 Country: USA

4. FEI Number: 59-2192059 ☐ 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

ZIMMERMAN, D.W.
1100 N.14TH ST.
LEESBURG FL 34748

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 (For a New Registered Agent) (If Registered Agent is a Corporation) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	CP	1 TITLE	☐ Change ☐ Addition
1 NAME	ZIMMERMAN, D.W.	1 NAME	
1 STREET ADDRESS	36319 LAKE UNITY NURSERY	1 STREET ADDRESS	N/A
1 CITY ST ZIP	FRUITLAND PARK FL	1 CITY ST ZIP	
2 TITLE	ST	2 TITLE	☐ Change ☐ Addition
2 NAME	ZIMMERMAN, MARION	2 NAME	
2 STREET ADDRESS	36319 LAKE UNITY NURSERY	2 STREET ADDRESS	N/A.
2 CITY ST ZIP	FRUITLAND PARK FL	2 CITY ST ZIP	
3 TITLE		3 TITLE	☐ Change ☐ Addition
3 NAME		3 NAME	
3 STREET ADDRESS		3 STREET ADDRESS	
3 CITY ST ZIP		3 CITY ST ZIP	
4 TITLE		4 TITLE	☐ Change ☐ Addition
4 NAME		4 NAME	
4 STREET ADDRESS		4 STREET ADDRESS	
4 CITY ST ZIP		4 CITY ST ZIP	
5 TITLE		5 TITLE	☐ Change ☐ Addition
5 NAME		5 NAME	
5 STREET ADDRESS		5 STREET ADDRESS	
5 CITY ST ZIP		5 CITY ST ZIP	
6 TITLE		6 TITLE	☐ Change ☐ Addition
6 NAME		6 NAME	
6 STREET ADDRESS		6 STREET ADDRESS	
6 CITY ST ZIP		6 CITY ST ZIP	

14. I 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)(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 added.

SIGNATURE: D.W. Zimmerman D.W. ZIMMERMAN 1-11-95 (904) 787-7227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0375761 CP