

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

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G38472

(8)

1. Corporation Name

GEORGE M'S, INC.

Principal Place of Business

8951 BONITA BCH. RD.
BONITA SPRGS FL 33923

Mailing Address

8951 BONITA BCH. RD.
BONITA SPRGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification

05/16/1983

3a. Date of Last Report

06/10/1994

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

4. FEI Number

59-2290917

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. 199.03, Florida Statutes.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHAN, GEORGE M III
SPRGS PLZ STE 550
BONITA SPRGS FL 33923

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 of Registered Agent or Registered Agent for Service of Process)

(Signature of Registered Agent or Registered Agent for Service of Process)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1	NAME	PD COHAN, GEORGE M., III SPRGS PLZ STE 550 BONITA SPRGS, FL 00000
12.2	STREET ADDRESS	
12.3	CITY, ST, ZIP	
12.4	NAME	
12.5	STREET ADDRESS	
12.6	CITY, ST, ZIP	
12.7	NAME	
12.8	STREET ADDRESS	
12.9	CITY, ST, ZIP	
12.10	NAME	
12.11	STREET ADDRESS	
12.12	CITY, ST, ZIP	
12.13	NAME	
12.14	STREET ADDRESS	
12.15	CITY, ST, ZIP	

13.1	NAME	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY, ST, ZIP	
13.5	NAME	☐ Change ☐ Addition
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY, ST, ZIP	
13.9	NAME	☐ Change ☐ Addition
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY, ST, ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(b), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with this report.

SIGNATURE:

George M. Cohan III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)