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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 APR 11 PM 8:31

DOCUMENT # **G47521** **(1)**

1. Corporation Name
PALM FROND, INC.

Principal Place of Business	Mailing Address
% STANLEY K. INK 1625 SILVERWOOD COURT N FT. MYERS FL 33903	% STANLEY K. INK 1625 SILVERWOOD COURT N FT. MYERS FL 33903

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1983
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 59-2298882 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

INK, STANLEY K.
1625 SILVERWOOD COURT
N FT. MYERS FL 33903

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	INK, STANLEY K	1.2 NAME		
STREET ADDRESS	1625 SILVERWOOD COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 00000	1.4 CITY-ST-ZIP		
TITLE	VDT	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	GOLDBERG, MORTON A	2.2 NAME		
STREET ADDRESS	2201 MAIN ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 00000	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	S/T	☐ Change ☒ Addition
NAME	INK, EDITH W	3.2 NAME		
STREET ADDRESS	1625 SILVERWOOD CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	N FT MYERS, FL 00000	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	BENNETT, CHARLES	4.2 NAME		
STREET ADDRESS	1165 5-B PALM AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	N FT. MYERS FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	V	☐ Change ☒ Addition
NAME		5.2 NAME	Patricia A. Mudge	
STREET ADDRESS		5.3 STREET ADDRESS	12170 Shoreview Dr.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Cape Coral, FL 33909	
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	Leon J. Philibert, Jr.	
STREET ADDRESS		6.3 STREET ADDRESS	9810 Country Oaks Dr.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Myers, FL 33912	

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)(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: SKI 24 Stanley K. Ink, President 4-6-95 (813) 995-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020003 CP