

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE APRIL 1, 1995: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT 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 JUN 30 AM 9:52

DOCUMENT # **H12655** (7)
1. Corporation Name
NEDRA M. FOSTER, P.A.

Principal Place of Business Mailing Address
**2121 ORIOLE DR
SARASOTA FL 34230** **2121 ORIOLE DR
SARASOTA FL 34230**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/17/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 50-2427879	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	

2. Principal Place of Business	2a. Mailing Address
21 Sute, Apt #, etc	26 Sute, Apt #, etc
22 City & State	27 City & State
23 Zip	28 Country
24	29
25	30

9. Name and Address of Current Registered Agent
**FOSTER, NEDRA
2121 ORIOLE DR
SARASOTA FL 34230**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: *Nedra M. Foster* **6/27/95** (Date)
Signature must be printed name of registered agent and the corporation. NOTE: Registered Agent must be resident when making change.

12. OFFICERS AND DIRECTORS

TITLE	PST
NAME	FOSTER, NEDRA M.
STREET ADDRESS	2121 ORIOLE
CITY, ST, ZIP	SARASOTA FL 34230
TITLE	V
NAME	FOSTER, NEDRA M.
STREET ADDRESS	2121 ORIOLE
CITY, ST, ZIP	SARASOTA FL 34230
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 110.07(1)(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 recorder 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: *Nedra M. Foster* **6/27/95** **941-954-2121**
Signature must be printed name of signing officer or director. (Date)
OR 941-951-6660

CR2E034 (3/95)