

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

DOCUMENT # H43749

(1)

1. Corporation Name

JAMES M. DWYER, INC.

95 JUN 28 AM 9:16

Principal Place of Business

3914 CLEVELAND AVENUE
P.O. BOX 061131
FT. MYERS FL 33906

Mailing Address

3914 CLEVELAND AVENUE
P.O. BOX 061131
FT. MYERS FL 33906

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/20/1985

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2497448

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21 Post Office Box 1594

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Apopka, FL

28 City & State

24 Zip

32704

25 Country

Orange

29 Zip

30 Country

9. Name and Address of Current Registered Agent

DWYER, JAMES M.
3914 CLEVELAND AVENUE
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name

Charles W. Cramer, Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

723 E. Colonial Drive

83

Suite 200

84 City

Orlando

FL

85 Zip Code

32803

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

Charles W. Cramer

Charles W. Cramer

6/20/95

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PST
DWYER, JAMES M.
3914 CLEVELAND AVENUE
FT. MYERS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

PST

Jacqueline I. Dwyer

723 E. Colonial Drive, Suite 200

Orlando, Florida 32803

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

D

Charles W. Cramer

723 E. Colonial Drive, Suite 200

Orlando, Florida 32803

☐ Change ☒ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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(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 this 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:

Charles W. Cramer

Charles W. Cramer

6/20/95

(407)898-1859

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAY/PHONE #