

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H47784

(4)

1. Corporation Name

MARJORIE STARNES, P.A.



Principal Place of Business

2069 FIRST ST STE 202
FT MYERS FL 33901

Mailing Address

2069 FIRST ST STE 202
FT MYERS FL 33901

2. Principal Place of Business

21 2077 FIRST STREET

Suite, Apt. #, etc.

22 207

City & State

23 FT. MYERS, FL 33901

Zip

24 33901

Country

25 Lee

2a. Mailing Address

26 2077 FIRST STREET

Suite, Apt. #, etc.

27 207

City & State

28 FT. MYERS, FL 33901

Zip

29 33901

Country

30 Lee

3. Date Incorporated or Qualified
03/12/1985

3a. Date of Last Report
02/10/1995

4. FEI Number
59-2500279

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

STARNES, MARJORIE

2069 FIRST STREET STE 202
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name MARJORIE STARNES

82 Street Address (P.O. Box Number is Not Acceptable)
2077 FIRST ST., #STE 207

83

84 City Ft Myers

FL

85 Zip Code
33901

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 Marjorie Starnes, President

3-20-96

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME STARNES, MARJORIE
STREET ADDRESS 2069 FIRST STREET SUITE 202
CITY-ST-ZIP FORT MYERS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 119.07(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 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: Marjorie Starnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-20-96 (941) 834-4446

CR2E034 (12/95)