# 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 -1 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J10779 (3)

1. Corporate Name
**J. R. FELLABAUM, D.C., P.A.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2642 NEWTON AVE.<br>P.O. BOX 1541<br>FT. MYERS FL 33902-1541<br>US | 2642 NEWTON AVE.<br>P.O. BOX 1541<br>FT. MYERS FL 33902-1541<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/23/1986**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **59-2684072** ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| SHOEMAKER, JOHN KYLE, P.A.<br>2058 COTTAGE STREET<br>FT. MYERS FL 33901 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Section 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] DATE [signature]

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| 101 TYPE | PD | 111 TYPE | ☐ Change ☐ Addition |
| 102 NAME | FELLABAUM, J.R. | 112 NAME | |
| 103 STREET ADDRESS | 2642 NEWTON AVE. | 113 STREET ADDRESS | |
| 104 CITY ST ZIP | FT MYERS FL | 114 CITY ST ZIP | |
| 105 TYPE | ST | 115 TYPE | ☒ Change ☐ Addition |
| 106 NAME | FELLABAUM, JANICE | 116 NAME | |
| 107 STREET ADDRESS | 2642 NEWTON AVE. | 117 STREET ADDRESS | REMOVE |
| 108 CITY ST ZIP | FT. MYERS FL | 118 CITY ST ZIP | |
| 109 TYPE | | 119 TYPE | ☐ Change ☐ Addition |
| 110 NAME | | 120 NAME | |
| 111 STREET ADDRESS | | 121 STREET ADDRESS | |
| 112 CITY ST ZIP | | 122 CITY ST ZIP | |
| 113 TYPE | | 123 TYPE | ☐ Change ☐ Addition |
| 114 NAME | | 124 NAME | |
| 115 STREET ADDRESS | | 125 STREET ADDRESS | |
| 116 CITY ST ZIP | | 126 CITY ST ZIP | |
| 117 TYPE | | 127 TYPE | ☐ Change ☐ Addition |
| 118 NAME | | 128 NAME | |
| 119 STREET ADDRESS | | 129 STREET ADDRESS | |
| 120 CITY ST ZIP | | 130 CITY ST ZIP | |
| 121 TYPE | | 131 TYPE | ☐ Change ☐ Addition |
| 122 NAME | | 132 NAME | |
| 123 STREET ADDRESS | | 133 STREET ADDRESS | |
| 124 CITY ST ZIP | | 134 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)(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 added, or an attachment with an addition.

**SIGNATURE:** [signature] [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0332023 CP