

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

CORPORATION ANNUAL REPORT 1995

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 4:01

DOCUMENT # **J47962** (2)
1. Corporation Name
SARA-MYERS, INC.

Principal Place of Business: 2038 WEST 1ST ST. FT. MYERS FL 33901
Mailing Address: 2038 WEST 1ST ST. FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/19/1986		3a. Date of Last Report 07/19/1994	
4. FEI Number 59-2748548		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under ss. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent GRACE, RONALD J. 2038 W FIRST ST. FT MYERS FL 33901				10. Name and Address of Now Registered Agent			
				81 Name	JAMES M. BAUER		
				82 Street Address (P.O. Box Number is Not Acceptable)	2038 W. FIRST ST.		
				83	FT. MYERS		
				84 City	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: JAMES M. BAUER *James M. Bauer* **3/31/95**
(Signature, hand or printed name of registered agent) (Date of registration) (NOTE: Registered Agent signature required when registering.) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, RONALD J.	1.2 NAME	DP
STREET ADDRESS	270 N. TAMiami TR.	1.3 STREET ADDRESS	BAUER, JAMES
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	5141 SANDY COVE AVE SARASOTA, FL 34242
TITLE	DSV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE-BAUER, CAROL D.	2.2 NAME	DSV
STREET ADDRESS	5141 SANDY COVE AVENUE	2.3 STREET ADDRESS	GRACE-BAUER, CAROL
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	5141 SANDY COVE AVE SARASOTA, FL 34242
TITLE	DT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUER, JAMES	3.2 NAME	DT
STREET ADDRESS	5141 SANDY COVE AVENUE	3.3 STREET ADDRESS	GRACE-BAUER, CAROL
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	5141 SANDY COVE AVE. SARASOTA, FL 34242
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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(3)(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 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: James Bauer *James Bauer* **3/31/95** **813-834-2284**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)