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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

AIVIN	1996		DIVISI	Secretary of St ION OF CORPC				
DOCUMENT # J59794 (4)  TY COONS, INC.								
Original Place	o of Duniano		NA-Ti A-I-I					
Principal Place of Business  ** JOANNA GIRARDIN 250 ESTERO BLVD. FT. MYERS FL 33931			Mailing Address  * Joanna Girardin  250 Estero Blyd.  FT. Myers Fl. 33931					
						3. Date Incorporated or Qualified 03/03/1987	3a. Date of La 10/13/	
2. Principal P	lace of Business		2a. Mailing Addre	ess		4. FEI Number 59-2807394		Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #,	etc.		5. Certificate of Status Desired	1 1	.75 Additional
City & Stat	le		City & State			6. Election Campaign Financing Trust Fund Contribution	\$:	5.00 May Be
Zip 24	25	Country	Zip <b>29</b>	30	ountry	8. This corporation has liability for Florida Statutes Yes		
	9. Name and	Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent	
AID LOS	MA 1044444				81 Name			
	in, Joanna Tero Blvd.				82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
	ERS BEACH FL	33031			83			
i i. mit	LINO DENOTITE	JJ3J I			63			
11 Pursuant	to the provisions of	f Sactions 607 0502	and 607 1508 Elarida	Statutes the of	84 City	vation a kepite the statement for the	FL es	Zip Code
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or registe familiar w SIGNATURE	red agent, or both, ith, and accept the Signature typed or print	f Sections 607,0502 in the State of Florid- obligations of, Section of name of registered agent a OFFICERS AND	a. Such change was a on 607.0505, Florida S and title if applicable	authorized by the Statutes.	bove-named corpor e corporation's boar red Agent signature requires	ird of directors. Thereby accept the app	rpose of changing ointment as registe	its registered office ered agent. I am
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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: \_\_

Joanna Girardin 4/17/96 941-463-6181

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Devicine Prome P