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 APR 12 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J66014 (8)

1. Corporation Name

The Corner Company of Fort Myers, Inc.

800001455388
-04/13/95--01017--017
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12693 New Brittany Blvd. Ste. B Fort Myers, FL 33907	12693 New Brittany Blvd. Ste. B Fort Myers, FL 33907

3. Date Incorporated or Qualified: 04/08/87
3a. Date of Last Report: 02/08/94

2. Principal Place of Business	2a. Mailing Address
21 12381 S. Tamiami Trail	26 12381 S. Tamiami Trail
Suite, Apt. #, etc. 22 Suite 404	Suite, Apt. #, etc. 27 Suite 404
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip 24 33907 — Country 25 U.S.A.	Zip 29 33907 — Country 30 U.S.A.

4. FEI Number: 59-2799551 ☐ 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
Barber, Robert S. 12693 New Brittany Blvd., Ste. B Fort Myers, FL 33907	01 Name 02 Street Address (P.O. Box Number is Not Acceptable): 12381 S. Tamiami Trail 03 Suite 404 04 City: Fort Myers FL 05 Zip Code: 33907

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: _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when executing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	☒ Change ☐ Addition
NAME	Barber, Robert S.	12 NAME	
STREET ADDRESS	12693 New Brittany Blvd.	13 STREET ADDRESS	12381 S. Tamiami Trail, Suite 404
CITY ST ZIP	Fort Myers, FL 33907	14 CITY ST ZIP	Fort Myers, FL 33907
TITLE	V/S/T	21 TITLE	☒ Change ☐ Addition
NAME	Barber, Sandra K.	22 NAME	
STREET ADDRESS	12693 New Brittany Blvd.	23 STREET ADDRESS	12381 S. Tamiami Trail, Suite 404
CITY ST ZIP	Fort Myers, FL 33907	24 CITY ST ZIP	Fort Myers, FL 33907
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	4/12/95 ltr
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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 on an attachment with an address.

SIGNATURE: Robert Barber 4-7-95 813-275-6064
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #