

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J78610 (9)

1. Corporation Name

SHERDEN V. CORPORATION



Principal Place of Business

17105 SAN CARLOS BLVD A-6
BOX 186
FT. MYERS BCH. FL 33931

Mailing Address

17105 SAN CARLOS BLVD A-6
BOX 186
FT. MYERS BCH. FL 33931

3. Date Incorporated or Qualified
06/18/1987

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

2. Principal Place of Business

21 197 Bayview Ave

Suite, Apt. #, etc.

22 Ft Myers Beach

City & State

23 FL

Zip

24 33931

Country

25 LEE

2a. Mailing Address

26 P.O. Box 2713

Suite, Apt. #, etc.

27 Ft Myers Beach

City & State

28 FL

Zip

29 33931

Country

30 LEE

4. FEI Number

59-2834224

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

VERNICK, DENNIS S.
17105 SAN CARLOS BLVD A-6
FT. MYERS BCH. FL 33931

10. Name and Address of New Registered Agent

81 Name

82 Dennis S. Vernick

83 Street Address (P.O. Box Number is Not Acceptable)

197 Bayview

84 City

Ft Myers Beach

FL

85 Zip Code

33931

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VERNICK, DENNIS S.
STREET ADDRESS 197 BAYVIEW AVENUE
CITY - ST - ZIP FT MYERS BCH. FL

TITLE STD ☐ DELETE

NAME VERNICK, SHARON A.
STREET ADDRESS 197 BAYVIEW AVENUE
CITY - ST - ZIP FT MYERS BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Harmon A. Vernick Sharon A. Vernick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-96 941-463-3900

CR2E034 (12/95)