(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

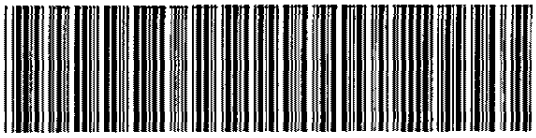
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100037795261

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # K01299 (2)

APPROVED AND FILED

94 AUG 24 PM 3:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name

PBF OF FORT MYERS, INC

Mailing Address

~~1939-2 PARK MEADOWS DRIVE~~
~~FORT MYERS FL 33907~~

Principal Place of Business

~~1939-2 PARK MEADOWS DRIVE~~
~~FORT MYERS FL 33907~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1987

3a. Date of Last Report: 05/01/1993

4. FEI Number: 65-0023743 ☐ 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.

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

If above information is incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 12000 South Cleveland
22 Suite, Apt #, etc: Suite 1
23 City & State: Ft. Myers, FL
24 Zip: 33907 25 Country: LEE

2a. Principal Place of Business
26 12000 South Cleveland
27 Suite, Apt #, etc: Suite 1
28 City & State: FT. MYERS, FL
29 Zip: 33907 30 Country: LEE

9. Name and Address of Current Registered Agent

FLEISHMAN, PATRICIA B.
~~1939-2 PARK MEADOWS DRIVE~~ 12000 South Cleveland
~~FORT MYERS FL 33907~~ Ft. Myers, FL. 33907

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1.1 TITLE	D/P
1.2 NAME	FLEISHMAN, PATRICIA B.
1.3 STREET ADDRESS	6109 DEER RUN, S.W.
1.4 CITY-ST-ZIP	FORT MYERS FL
2.1 TITLE	D/S/T
2.2 NAME	FLEISHMAN, ARNOLD
2.3 STREET ADDRESS	6109 DEER RUN, S.W.
2.4 CITY-ST-ZIP	FORT MYERS FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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 voluntary, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arnold Fleishman ARNOLD FLEISHMAN 8-18-94 813-939-5592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #