(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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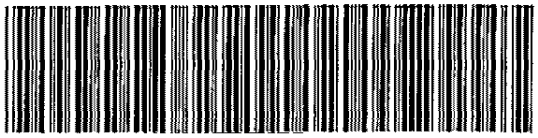

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5-7-93 L-4982-C 200 Changes

CORPORATION ANNUAL REPORT 1993

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

MAY 1993

APPROVED
SEC. OF STATE
TALLAHASSEE, FLA.
FILED

1. Name and Mailing Address of Corporation DOCUMENT # K01299 (2)

PBF OF FORT MYERS, INC.
1939-2 PARK MEADOWS DRIVE
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 08/05/1992

FILING FEE $200.00 | ANNUAL REPORT $61.25 + $138.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

4. FEI Number: 650023743 | Applied For | Not Applicable

2. Mailing Address (21)
Suite, Apt. #, etc (22)
City & State (23)
Zip (24) Country (25)

2a. Principle Place of Business (26)
Suite, Apt. #, etc (27)
City & State (28)
Zip (29) Country (30)

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 with IRS 501(c)(3) Tax Exempt Status ☐ — $138.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FLEISHMAN, PATRICIA B.
1939-2 PARK MEADOWS DRIVE
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL | 85 Zip Code | 86 Country

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, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

12. OFFICERS AND DIRECTORS	13. OFFICERS AND DIRECTORS CHANGES
1.1 TITLE: D/P 1.2 NAME: FLEISHMAN, PATRICIA B. 1.3 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 ADDRESS: 6109 DEER RUN, S.W. 2.4 CITY ST ZIP: FORT MYERS FL	
3.1 TITLE 3.2 NAME 3.3 ADDRESS 3.4 CITY ST ZIP	
4.1 TITLE 4.2 NAME 4.3 ADDRESS 4.4 CITY ST ZIP	
5.1 TITLE 5.2 NAME 5.3 ADDRESS 5.4 CITY ST ZIP	
6.1 TITLE 6.2 NAME 6.3 ADDRESS 6.4 CITY ST ZIP	

14. I 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; I further certify 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 above (if applicable) or on an attachment with an address.

SIGNATURE Arnold A. Fleishman DATE 4-30-93

Print/Type Name of Signing Officer or Director: ARNOLD FLEISHMAN
Title(s): SEC'Y / TREAS.
Daytime Telephone Number: (813) 275-8877

CR2E034 (11/92)