(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

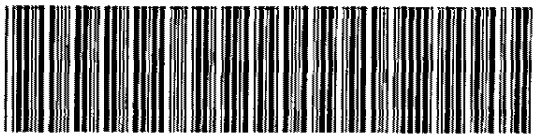
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600037795216

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

CORPORATION ANNUAL REPORT 1989

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

DO NOT WRITE IN THIS SPACE.

APPROVED
AND
FILED

1989 MAR 23 AM 10:11

FLORIDA DEPT OF STATE
CORPORATIONS DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of $35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:

ZIP + 4

K01299 2
PBF OF FORT MYERS, INC.
1939-2 PARK MEADOWS DRIVE
FORT MYERS, FL 33908

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

2. Enter Change of Address or Corporation Principal Office; P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

3. Date Incorporated or Qualified To Do Business in Florida	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
11/02/1987	65-0023743	08/22/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

Title 1	Names of Officers and Directors 2	Street Address of Each Officer and Director (Do NOT Use Post Office Box Number) 3	City and State 4 5
1 D/P	FLEISHMAN, PATRICIA B.	6109 DEER RUN, S.W.	FORT MYERS, FL
1x			
2 D/S/T	FLEISHMAN, ARNOLD	6109 DEER RUN, S.W.	FORT MYERS, FL
2x			
3			
3x			
4			
4x			
5			
5x			
6			
6x			

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

FLEISHMAN, PATRICIA B.
1939-2 PARK MEADOWS DRIVE
FORT MYERS, FL 33908

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84 FL.

Zip Code 85

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, incorporated under the laws of the State of Florida, 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 resolution duly adopted by its board of directors on _____

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment)

10. If a foreign corporation, date first transacted business in Florida _____

11. *See signature restrictions under instructions on reverse side of this form.*

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S.
I Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As If Made Under Oath.
(Officer or Director signing must be listed in Block 6.)

Signature	Date
Arnold H. Fleishman	March 16, 1989
Typed Name of Signing Officer or Director Arnold H. Fleishman	**Title** Sec'y/Treas.	**Telephone Number** (813-939-5592)

12. Should you desire a certificate of status check the box. CERTIFICATE OF STATUS DESIRED ☐ $5 Additional Fee required for a Certificate of Status