

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K76410

(5)

1. Corporation Name

MERRILL H. FOWLER, INC.

Principal Place of Business

**57 HOMESTEAD RD
LEHIGH FL 33906
US**

Mailing Address

**16150 BAY POINTE BLVD
CONDON B-107
N FORT MYERS FL 33917
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/29/1989

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0109384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

**FOWLER, MERRILL
105 GATESIDE STREET
LEHIGH FL 33938**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPS**
NAME **FOWLER, MERRILL H.**
STREET ADDRESS **105 GATESIDE STREET**
CITY - ST - ZIP **LEHIGH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **MT**
NAME **O'DELL, GAIL M.**
STREET ADDRESS **732 GOLDRICK ROAD**
CITY - ST - ZIP **LEHIGH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **V**
NAME **FOWLER, FAYE H.**
STREET ADDRESS **105 GATESIDE STREET**
CITY - ST - ZIP **LEHIGH FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D**
NAME **FOWLER, JEFFREY M.**
STREET ADDRESS **105 GATESIDE STREET**
CITY - ST - ZIP **LEHIGH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D**
NAME **SMITH, AMY F.**
STREET ADDRESS **2215 EAST 6TH STREET**
CITY - ST - ZIP **LEHIGH FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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)(b), 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: **MERRILL H. FOWLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95 813-369-0566
Date Time