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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Mar 12 1997 8:00am  
Secretary of State

DOCUMENT # **K89310** (2)  
Corporation Name  
**JOHN SHOEMAKER REALTY, INC.**



Principal Place of Business <b>2058 COTTAGE ST #B FT. MYERS FL 33901</b>		Mailing Address <b>2058 COTTAGE ST #B FT. MYERS FL 33901-3613</b>	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent <b>SHOEMAKER, JOHN KYLE 2058 COTTAGE STREET FORT MYERS FL 33901</b>		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		86	State
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 _____ DATE _____			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSV	1.1 TITLE	
NAME	SHOEMAKER, JOHN	1.2 NAME	
STREET ADDRESS	2058 COTTAGE ST #B	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT MYERS FL	1.4 CITY- ST- ZIP	
TITLE	TD	2.1 TITLE	
NAME	SHOEMAKER, JOHN	2.2 NAME	
STREET ADDRESS	2058 COTTAGE ST #B	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT MYERS FL	2.4 CITY- ST- ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

SIGNATURE:

*John W. Shoemaker*  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **3/6/97** Phone **337-4195**

0096483

CP2E034 (9/96)