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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K89310

1. Corporation Name

JOHN SHOEMAKER REALTY, INC.

a de la compania del compania del compania de la compania del compania de la compania de la compania del compania de la compania de la compania de la compania del compania	UEWAREN NEALTT, INC.	general (Section 1997)					
Principal Place	of Business	Mailing A	Address				•
058 COTTAGE ST #B 2058 COTTAGE ST #B T. MYERS FL 33901 FT. MYERS FL 33901						DO NOT WRITE I	N THIS SPACE
II. MIERO PL 333UI					Date Incorporated or Qualifed	1. 31 2 3 7 3 3 3 1 1 1 1	
•	· ·	,				05/19/1989	
1 Delacioni Dia	ce of Business	2a. Mailis	ng Address		-	4. FEI Number	Applied For
z. Principal Pia	CG OL Brigings	26	. T			65-0135178	Not Applicable
1 Suite, Apt. #	. etc.		Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
الق	,	27	·			,	
City & State		City	& State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
3	·	28		0		Trust Fund Contribution 8. This corporation owes the current	
Zip	Country	Zip		Country		Personal Property Tax.	Yes III
4	25	29	30	0		10. Name and Address of New Reg	istered Agent
	9. Name and Address of Current	Kegistered	- Agent	81	Name		
SHOE	MAKER, JOHN KYLE			82	Street Addre	ess (P.O. Box Number is Not Acceptable))
	COTTAGE STREET			02	Officer Addit	***************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FORT	MYERS FL 33901	•		83			
		•		84	City	The second secon	FL 85 Zip Code
para establica		- 1	OO El 33- Statutan	the char	o pamed com	oration submits this statement for the pun's board of directors. I hereby accept the	rose of changing its registered
11. Pursuant t office or re agent. I ar	o the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligation.	f Florida. Su ions of, Sect	uch change was aut tion 607.0505, Florid	thorized by da Statutes	the corporation	oration submits this statement for the purific statement of the purific statement accept the statement of the purific statement and the purific statement of the purific statement of the purific statement of the purific statement of the purific statement for the purific statement of the purific s	ne appointment as registered
SIGNATURE	Standura, broad or printed name of registered agent	and title if applic	able. (NOTE: R	Registered Age	nt signature require	d when reinstating) (1) + 1, 1	DATE
	Signature, typed or printed name of registered agent OFFICERS AND	and title if applic		13.	nt signature required	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applic			nt signature required	ADDITIONS/CHANGES TO OFFIC	
12.	PSV SHOEMAKER, JOHN	and title if applic DIRECTO	RS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this abnual 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, with all other like empowered.

SIGNATURE:

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90009 036 ***150.00