

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 4 21 PM 7:16:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

L14 801
McIntosh Manner Inc.

Principal Place of Business

Mailing Address

4612 McIntosh Rd
Sarasota FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9-11-89

3a. Date of Last Report

4-26-94

4. FEI Number

65-0146996

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S 199.032,
Florida Statutes ☐ YES ☒ NO

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt #, etc

26

Suite, Apt #, etc

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Lisa Ervin
4612 McIntosh Rd
Sarasota FL 34233

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 607.1508, 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

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
NAME
STREET ADDRESS
CITY ST ZIP
Director
Steven C Ervin
4612 McIntosh Rd
Sarasota FL 34233

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY ST ZIP
Director
Lisa Ervin
4612 McIntosh Rd
Sarasota FL 34233

☐ Change ☒ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP

☐ Change ☐ Addition

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***208.75 ***208.75

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 923-3309
(813)

Date Time

5195