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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 PM 1:27

DOCUMENT # L15460 (3)

1. Corporation Name
D.E.W. OF FT. MYERS, INC.

Principal Place of Business	Mailing Address
7840 DENI DR NORTH FT. MYERS FL 33917	7840 DENI DR NORTH FT. MYERS FL 33917

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1989
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business 21:
2a. Mailing Address 26:
4. FEI Number: 65-0139009 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State 23:
City & State 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip 24: Country 25:
Zip 29: Country 30:
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONNELL, DOUGLAS M
7840 DENI DR
N FT MYERS FL 33917

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 607.1508, 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 required for printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailed/faxed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	☐ Change ☐ Addition
NAME	CONNELL, VALERIE J	12 NAME	
STREET ADDRESS	7840 DENI DR	13 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL	14 CITY ST ZIP	
TITLE	VTD	21 TITLE	☐ Change ☐ Addition
NAME	CONNELL, DOUGLAS M	22 NAME	
STREET ADDRESS	7840 DENI DR	23 STREET ADDRESS	
CITY ST ZIP	N FT MYERS FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CONNELL, YVONNE M	32 NAME	
STREET ADDRESS	971 MAIN ST	33 STREET ADDRESS	
CITY ST ZIP	SANIBEL FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ORELL, ALICE M	42 NAME	
STREET ADDRESS	5553 FORESTER LAKE DR	43 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ORELL, M E	52 NAME	
STREET ADDRESS	5553 FORESTER LAKE DR	53 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that any 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.

813-543-9236

SIGNATURE: Douglas M. Connell DOUGLAS M. CONNELL 1/9/95
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0114102 CP