

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 APR 18 PM 6:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L36638** (9)

1. Corporation Name

BARANY.SCHMITT.WEAVER + PARTNERS, INC.

Principal Place of Business

Mailing Address

C/O JOSEPH A. BARANY
1520 ROYAL PALM SQUARE BLVD. #300
FORT MYERS FL 33919-8051

C/O JOSEPH A. BARANY
1520 ROYAL PALM SQUARE BLVD. #300
FORT MYERS FL 33919-8051

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/01/1990

3a. Date of Last Report

04/11/1994

4. FEI Number

65-0159555

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees 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.

23 City & State

27 City & State

24 Zip 25 County

29 Zip 30 County

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BARANY, JOSEPH A.
1520 ROYAL PALM SQUARE BLVD.
SUITE 300
FORT MYERS FL 33919

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	BARANY, JOSEPH A.
STREET ADDRESS	1500 ROYAL PALM SQ. BLVD #300
CITY, ST, ZIP	FORT MYERS FL 33919-8051
TITLE	DV
NAME	SCHMITT, EUGENE C.
STREET ADDRESS	1500 ROYAL PALM SQ. BLVD #300
CITY, ST, ZIP	FORT MYERS FL 33919-8051
TITLE	DST
NAME	WEAVER, RONALD G.
STREET ADDRESS	1520 ROYAL PALM SQ BLVD #300
CITY, ST, ZIP	FORT MYERS FL 33919-8051
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(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: X

Barany Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

X

4/5/95 x 278.3830
813.
278.3830
EXPIRATION DATE