SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L85805** **(4)**

1. Corporation Name
JOHN W. EMERSON, J.D., CHARTERED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% JOHN W EMERSON SUITE 300, 400 5TH AVE. S. NAPLES FL 33940	% JOHN W EMERSON SUITE 300, 400 5TH AVE. S. NAPLES FL 33940

3. Date Incorporated or Qualified: 07/06/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 385 13th Ave. So.
22: Suite, Apt. #, etc.
23: City & State: Naples, Fl 33940
24: Zip: 33940
25: County:

2a. Mailing Address
26: same as 21
27: Suite, Apt. #, etc.
28: City & State: same as 23
29: Zip: 33940
30: Country:

4. FEI Number: 59-2366952 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

EMERSON, JOHN W.
SUITE 300, 400 5TH AVE., S.
NAPLES FL 33940

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable): 385 13th Ave. S.
63
64 City: **FL** 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EMERSON, JOHN W 583 SIXTH AVE N NAPLES FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D EMERSON, JOHN W. 385 13th Ave. S. Naples, Fl 33940	☒ Change ☐ Addition
		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S/D EMERSON, CAROLYN B. 583 6th Ave. N. Naples, Fl 33940	☐ Change ☒ Addition
		3.1 TITLE / 3.2 NAME / 3.3. STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/95)

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)(i), 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: _____ 7-6-95 941-261-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John W. Emerson

0104078 CP