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CORPORATION
ANNUAL REPORT
1995



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

95 JUN 23 AM 10:23

DOCUMENT # N35265
1. Corporation Name
Veterans Memorial INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
400001524944
-06/27/95--01114--012
*****61.25 *****61.25

Principal Place of Business
4692 Terminal Drive
Ft Myers FL 33907-0000
Mailing Address
8436 Cypress Drive North
Ft Myers FL 33912

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4692 Terminal Drive
Suite, Apt. #, etc.
22
City & State
23 Fort Myers FL 33907
Zip
24 33707
Country
25 U.S.A.

2a. Mailing Address
26 8436 Cypress Drive N.
Suite, Apt. #, etc.
27
City & State
28 Ft Myers FL 33912
Zip
29 33912
Country
30 U.S.A.

3. Date Incorporated or Qualified
12-31-93
3a. Date of Last Report
1-1995
4. FEI Number
65-0165093
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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status
\$68.75 Supplemental
Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

11. Pursuant to the provisions of Sections 617.0502 and 617.1806, Florida Statutes, the above-named corporation submits the 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 and its directors. I hereby certify for the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE
URBAIN C WINSLOW

(NOTE: Registered agent signature required when necessary)

DATE
5/31/95

12. OFFICERS AND DIRECTORS
1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(a), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT SCOTT
URBAIN C WINSLOW
DATE: 5/31/95
741-267-0883
741-267-2323