

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P27836** (6)

1. Corporation Name
MEDARS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 13 AM 8:39

Principal Place of Business
**1012 N.W. WEBSTER
PORT CHARLOTTE FL 33948**

Mailing Address
**1012 N.W. WEBSTER
PORT CHARLOTTE FL 33948**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/23/1990** 3a. Date of Last Report **06/17/1994**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

25 Country 30 Country

4. FEI Number **23-2328168** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$0.75 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. 199.002, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, CANDACE
1012 N.W. WEBSTER
PORT CHARLOTTE FL 33948**

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

TITLE **PST**

NAME **TURNER, CANDACE**

STREET ADDRESS **1012 N.W. WEBSTER**

CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **D**

NAME **TURNER, CANDACE**

STREET ADDRESS **1012 N.W. WEBSTER**

CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME **D TURNER, S. Phillip**

23 STREET ADDRESS **1012 N.W. WEBSTER**

24 CITY - ST - ZIP **Port Charlotte, FL**

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 with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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]

(Type or print name of signing officer or director)

5/31/95

944-743-7738

904 488 9770