

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002915 (5)

1. Corporation Name

SANDRA A. PITTS, P.A.

Principal Place of Business

11595 KELLY ROAD
SUITE 307-B
FT. MYERS FL 33908
US

Mailing Address

11595 KELLY ROAD
SUITE 307-B
FT. MYERS FL 33908
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/08/1993

3a. Date of Last Report

01/25/1994

4. FEI Number

65-0384967

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

21 13515 Bell Tower Drive

Suite, Apt. #, etc.

22 Suite 304

City & State

23 Ft. Myers, FL

Zip

24 33907

Country

25 USA

2a. Mailing Address

26 13515 Bell Tower Drive

Suite, Apt. #, etc.

27 Suite 304

City & State

28 Ft. Myers, FL

Zip

29 33907

Country

30 USA

9. Name and Address of Current Registered Agent

PITTS, SANDRA A
11595 KELLY ROAD
SUITE 307-B
FT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name

Sandra A. Pitts

82 Street Address (P.O. Box Number is Not Acceptable)

13515 Bell Tower Drive, #304

83

84 City

Ft. Myers

85 State

FL

86 Zip Code

33907

11. Pursuant to the provisions of Sections 607.0509 and 607.1003, 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 607.0509, Florida Statutes.

SIGNATURE

Sandra A. Pitts

Sandra A. Pitts

April 21, 1995

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PITTS, SANDRA A
STREET ADDRESS 11595 KELLY RD, STE 307B
CITY- ST- ZIP FT MYERS FL

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CITY- ST- ZIP

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STREET ADDRESS
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 holder of a power of attorney empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 stamped, or on an attached memorandum address.

SIGNATURE:

Sandra A. Pitts
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

April 21, 1995 (813) 489-1055

Date

Telephone Number