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CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:58:12 21

DOCUMENT # **P93000029307 (4)**

1. Corporation Name

NUMBER 3 CORPORATION

Principal Place of Business	Mailing Address
%JOHN P. MILLIGAN, ESQ. 16229 SAN CARLOS BLVD FT MYERS FL 33908 US	%JOHN P. MILLIGAN, ESQ. 1500 COLONIAL BLVD., SUITE 103 FT. LAUDERDALE FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/21/1993	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21): 16229 San Carlos Blvd.	2a. Mailing Address (26): 16229 San Carlos Blvd.
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): Fort Myers, FL	City & State (28): Ft Myers, FL
Zip (24): 33908 Country (25): Lee	Zip (29): 33908 Country (30): LEE
4. FEI Number: 65-0402946	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

MILLIGAN, JOHN P JR
MILLIGAN & SIGNORELLA, P.A.
1500 COLONIAL BLVD., #103
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

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 _____ (DATE)
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BLEWITT, KENNETH	1.2 NAME	
STREET ADDRESS	19219 CYPRESS VIEW DR	1.3 STREET ADDRESS	
CITY ST ZIP	FT MYERS FL	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(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: Kenneth Blewitt Kenneth Blewitt 3/27/95 813-466-7707
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (DATE) (TELEPHONE NUMBER)
Kenneth Blewitt

0321414 CP