

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:28

DOCUMENT # P93000035602 (0)

1. Corporation Number

PIPPINS OF SANIBEL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1400 GULF SHORE BLVD. N.
NAPLES FL 33940

Mailing Address
1400 GULF SHORE BLVD. N.
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1993		3a. Date of Last Report 08/15/1994	
21		26		4. FEI Number 65-0415015		Applied For Not Applicable	
22 State, Apt. #, etc.		27 State, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 City		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

PHILLIPS, DENNIS M
1400 GULF SHORE BLVD. N.
NAPLES FL 33940

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL

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 607.0504, Florida Statutes.

SIGNATURE

Signature of Agent or Registered Agent and the Corporation

Signature of Registered Agent, or New Registered Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PHILLIPS, D M	1.1 TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, D M	1.2 NAME	
STREET ADDRESS	1400 GULF SHORE BLVD N	1.3 STREET ADDRESS	3480 Rum Row
CITY, ST, ZIP	NAPLES FL	1.4 CITY, ST, ZIP	
TITLE	SD PHILLIPS, N K	2.1 TITLE	☒ Change ☐ Addition
NAME	PHILLIPS, N K	2.2 NAME	
STREET ADDRESS	1400 GULF SHORE BLVD N	2.3 STREET ADDRESS	3480 Rum Row
CITY, ST, ZIP	NAPLES FL	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 Sections 119.07(2)(b), Florida Statutes. I further certify that the information submitted 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 manager or business representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes or on an addition with an address.

SIGNATURE:

[Signature]

D.M. PHILLIPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-95

Date

813-263-0184

Telephone Number

