FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 FEB 14 PM 4:17

DOCUMENT # P93000045070 (8)

1. Corporation Name
JANET D. MARPLES, P.A.

Principal Place of Business
501 ST. ANDREWS BLVD.
NAPLES FL 33962

Mailing Address
501 ST. ANDREWS BLVD.
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1993
3a. Date of Last Report: 02/28/1994
4. FEI Number: 65-0423066 — 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

2. Principal Place of Business
21
22 Suite, Apt #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

STEWART, JAMES C JR
SUITE 106 PINE PLAZA
1725 COUNTY ROAD 951
GOLDEN GATE FL 33999

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 [signature] (NOTE: Registered Agent signature required when reinstating) DATE 2-8-95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARPLES, JANET D
STREET ADDRESS	501 ST ANDREWS BLVD.
CITY-ST-ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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)(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] (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: 2-8-95
Daytime Phone #: 813262-4627

0330700 CP