

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 FEB 27 PM 3: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017628 (6)

1. Corporation Name

SBA SYSTEMS OF FORT MYERS, FLORIDA, INC.

Principal Place of Business

Mailing Address

**6492 ROYAL WOODS DRIVE
UNIT 3
FORT MYERS FL 33908**

**6492 ROYAL WOODS DRIVE
UNIT 3
FORT MYERS FL 33908**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

03/03/1994

4. FEI Number

65-0480085

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. 118.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

16520 So. Tamiami Tr

18-195

FT. MYERS, FL.

33908

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901**

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 of agent or person named as registered agent, and then a second signature

(If officer) Signature of Agent or person named as registered agent, and then a second signature

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
**D
WORTH, TRICIA L
6492 ROYAL WOODS DRIVE, UNIT #3
FORT MYERS FL 33908**

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, except for the exceptions stated in Section 118.032, 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, and 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 of Block 13 of this report, or in an affidavit with an address.

SIGNATURE:

Tricia L. Worth
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/95 (813) 482-3903