FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000017628 (6)**

1. Corporation Name
SBA SYSTEMS OF FORT MYERS, FLORIDA, INC.

Principal Place of Business
6492 ROYAL WOODS DRIVE
UNIT 3
FORT MYERS FL 33908

Mailing Address
16520 SO. TAMIAMI TRAIL
18-195
FT. MYERS FL 33908
US

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report: 02/27/1995
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. 199.032 Florida Statutes ☐ Yes ☒ No

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

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

9. Name and Address of Current Registered Agent
SHIELDS, CHRISTOPHER J
1833 HENDRY STREET
FORT MYERS FL 33901

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 607.0505, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE D NAME WOFITH, TRICIA L Street Address 6492 ROYAL WOODS DRIVE, UNIT #3 City, St, Zip FORT MYERS FL 33908	☐ DELETE
TITLE NAME Street Address City, St, Zip	☐ DELETE
TITLE NAME Street Address City, St, Zip	☐ DELETE
TITLE NAME Street Address City, St, Zip	☐ DELETE
TITLE NAME Street Address City, St, Zip	☐ DELETE
TITLE NAME Street Address City, St, Zip	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 Street Address 14 City, St, Zip	☐ Change ☐ Addition
21 TITLE 22 NAME 23 Street Address 24 City, St, Zip	☐ Change ☐ Addition
31 TITLE 32 NAME 33 Street Address 34 City, St, Zip	☐ Change ☐ Addition
41 TITLE 42 NAME 43 Street Address 44 City, St, Zip	☐ Change ☐ Addition
51 TITLE 52 NAME 53 Street Address 54 City, St, Zip	☐ Change ☐ Addition
61 TITLE 62 NAME 63 Street Address 64 City, St, Zip	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 added in Block 11 with an addition.

SIGNATURE: Tricia L Wofith — 2/29/96 — (941) 482-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)