SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000037082 (2)**

1. Corporation Name
BUBBLES, INC.

Principal Place of Business	Mailing Address
2021 WEST FIRST STREET FORT MYERS FL 33901	2021 WEST FIRST STREET FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2023 W. 1st Street
Suite, Apt. #, etc. 22:
City & State 23: Ft. Myers, FL
Zip 24: 33901 County 25: U.S.A.

2a. Mailing Address
26: 2023 W. 1st Street
Suite, Apt. #, etc. 27:
City & State 28: Ft. Myers, FL
Zip 29: 33901 Country 30: U.S.A.

4. FEI Number: 65-0493090 ☐ 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. 199.042 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRACE, WALTER JR.
2259 MCGREGOR BOULEVARD
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 607.1508, 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 mail filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILSON, TRUMAN D	12 NAME	
STREET ADDRESS	1322 PLUMOSA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	☐ Change ☐ Addition
NAME	SHEFFIELD, W. KENNETH	22 NAME	
STREET ADDRESS	1245 BUTTONWOOD LANE	23 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GERACI, DONALD D	32 NAME	
STREET ADDRESS	12780 AUBREY LANE	33 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL 33922	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	WILSON, ROBERT WILLIAM	42 NAME	
STREET ADDRESS	1239 MORNINGSIDE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Donald D Geraci Sec. 8/7/95 941-337-1726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0105578 CP