

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000004353 (5)

1. Corporation Name  
F.M. 10, INC.



Principal Place of Business  
14791 A&W BULB ROAD  
FORT MYERS FL 33908

Mailing Address  
14791 A&W BULB ROAD  
FORT MYERS FL 33908

3. Date Incorporated or Qualified  
01/17/1995

3a. Date of Last Report

2. Principal Place of Business  
21 613 SE 35 Street  
Suite, Apt. #, etc.

2a. Mailing Address  
26 P.O. BOX 1335  
Suite, Apt. #, etc.

4. FEI Number  
65-6572490

Applied For  
Not Applicable

22 City & State  
23 Cape Coral FL  
24 33904  
25 Lee  
26 City & State  
27 Cape Coral FL  
28 33910  
29 Lee  
30 Lee

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

9. Name and Address of Current Registered Agent

HUMPHREY, JAMES T  
1625 HENDRY STREET  
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 City  
84 FL  
85 Zip Code

MARGUNDA S. PRESCOTT  
613 SE 35 Street  
Cape Coral FL 33904  
DATE: 6.14.96

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 MARGUNDA S. PRESCOTT

Signature typed or printed in ink of registered agent and then applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D SENDRA, JOSE  
14791 A&W BULB ROAD  
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  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *A. Secordia*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 6.14.96 941-5497257