

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000082202 (9)**

1. Corporation Name

**ST. AMAND OF SANIBEL, INC.**

Principal Place of Business

**5735 PINE TREE DRIVE  
SANIBEL ISLAND FL 33957**

Mailing Address

**5735 PINE TREE DRIVE  
SANIBEL ISLAND FL 33957**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> 10/26/1995	
<b>21</b>	Suite, Apt #, etc.	<b>26</b>	Suite, Apt #, etc.	<b>4. FEI Number</b> 65-0624801	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b>	Zip	<b>28</b>	Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	Country	<b>29</b>	Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>LANGE, PATRICIA A 5735 PINE TREE DRIVE SANIBEL ISLAND FL 33957</b>				<b>81</b>	Name
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
				<b>83</b>	
				<b>84</b>	City
				<b>FL</b>	<b>85</b> 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>PST</b>	<b>1.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGE, PATRICIA</b>	<b>1.2</b> NAME	
STREET ADDRESS	<b>5735 PINE TREE DRIVE</b>	<b>1.3</b> STREET ADDRESS	
CITY-ST-ZIP	<b>SANIBEL ISLAND FL 33957</b>	<b>1.4</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>2.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>2.2</b> NAME	
STREET ADDRESS		<b>2.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>2.4</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>3.2</b> NAME	
STREET ADDRESS		<b>3.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>3.4</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>4.2</b> NAME	
STREET ADDRESS		<b>4.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>4.4</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>5.2</b> NAME	
STREET ADDRESS		<b>5.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>5.4</b> CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<b>6.2</b> NAME	
STREET ADDRESS		<b>6.3</b> STREET ADDRESS	
CITY-ST-ZIP		<b>6.4</b> CITY-ST-ZIP	

**14.** I hereby certify that the information supplied with this filing 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: *Patricia Ann Lange Pres.* 2-26-98 941-472-1742

1097

LAW OFFICES  
**JOHN KYLE SHOEMAKER, P.A.**  
ATTORNEY AT LAW

941-332-3855

2022 COTTAGE STREET  
"THE COMPOUND"  
FORT MYERS, FLORIDA 33901

REPLY TO:  
POST OFFICE BOX 1601  
FORT MYERS, FLORIDA 33902

4/7/98  
LETTER OF TRANSMITTAL

TO: Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee FL 32302-1500

RE:

ENCLOSURES:

- ① John Kyle Shoemaker P.A. Annual Return  
② check 13590 for \$150.00

The above Enclosure (s) is/are:

- ☐ For your information  
☐ For your signature and return  
☐ For signature and forwarding  
☐ As noted below  
☐ For review and comment  
☒ For payment  
☐ For necessary action  
☐ Per your request  
☐ Per our conversation  
☐ For remittance

- ☒ For your files  
☐ See remarks below  
☐ For execution in presence of a  
Notary who must affix Seal and  
Comm. Expiration date  
☐ For execution in presence of  
Notary and two witnesses. Notary  
Must affix Seal and Comm expir-  
ation date.

Remarks:

Enclosed is the annual report and  
check

Very truly yours,

  
JOHN KYLE SHOEMAKER

bo :blue letters. jks