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Apr 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000014887 (9)

1. Corporation Name
JOSEPH C. FULLER, P.A.



Principal Place of Business

1520 ROYAL PALM SQUARE BLDG.
SUITE 200
FORT MYERS FL 33919

Mailing Address

1520 ROYAL PALM SQUARE BLDG.
SUITE 200
FORT MYERS FL 33919

3. Date Incorporated or Qualified
02/16/1996

3a. Date of Last Report

2. Principal Place of Business

21 1500 COLONIAL BLVD.

Suite, Apt. #, etc.

22 SUITE 105

City & State

23 FT. MYERS, FL

Zip

24 33907

Country

25 LEE

2a. Mailing Address

26 P.O. Box 61407

Suite, Apt. #, etc.

27

City & State

28 FT. MYERS, FL

Zip

29 33906-1407

Country

30 LEE

4. FEI Number

65-0656444

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

9. Name and Address of Current Registered Agent

FULLER, JOSEPH C
1520 ROYAL PALM SQUARE BLDG.
SUITE 200
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1500 COLONIAL BLVD.

83 SUITE 105

84 City

FT. MYERS

FL

85 Zip Code

33907

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

Joseph C. Fuller

(NOTE: Registered Agent signature required when reinstating)

DATE

3/03/97

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME FULLER, JOSEPH C
STREET ADDRESS 1520 ROYAL PALM SQUARE BLDG., SUITE 200
CITY-ST-ZIP FORT MYERS FL 33919

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME FULLER, JOSEPH C.
1.3 STREET ADDRESS 1500 COLONIAL BLVD., SUITE 105
1.4 CITY-ST-ZIP FORT MYERS, FL 33907

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

Joseph C. Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/03/97

Date

941/939-2789

Daytime Phone #

0524756

CR2E034 (9/96)