

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR

INFORMATION CHANGE



DOCUMENT # P96 0000 44350

1 Corporation Name

THE G.K. FISHER COMPANY OF
FORT MYERS

Principal Place of Business

Mailing Address

546 1ST STREET
VERO BCH, FL 32962

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-20-96

5. FEI Number

65-0738574

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

\$61.25

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ALAN F. HARRIS	546 1 ST STREET	VERO BCH, FL 32962
S/M	HEIDI ADAMS	546 1 ST STREET	VERO BCH, FL 32962

400003035454--8
11/04/99 01002 006
****995.00 *****61.25

8. Name and Address of Current Registered Agent

DONNA PRIETO
546 1ST STREET
VERO BCH, FL 32962

9. Name and Address of New Registered Agent

Name HEIDI ADAMS
Street Address (P.O. Box Number is Not Acceptable)
546 1ST STREET
Suite, Apt. #, Etc.

City VERO BCH

State FL

Zip Code 32962

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Heidi Adams

REGISTERED AGENT MUST SIGN

Date

10-26-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Heidi Adams

10-26-99

Date

(SbW)

569-2169

Daytime Phone #