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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Jan 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

P97000010840 (1) DOCUMENT

FERN CORPORATION, INC.

Principal Place of Business Mailing Address 4055 TAMIAMI TRAIL, UNIT 4 4055 TAMIAMI TRAIL, UNIT 4 PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Ζip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SCOUDAN, ERNEST L 4055 TAMIAMI TRAIL, UNIT 4 Street Address (P.O. Box Number is Not Acceptable) 82 PORT CHARLOTTE FL 33952 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ DELF1E TITLE 1.1 TITLE Change Addition **SCOUDAN, ERNEST L** NAME 1.2 NAME STREET ADDRESS 4055 TAMIAMI TRAIL, UNIT 4 1.3 STREET ADDRESS **PORT CHARLOTTE FL 33952** CITY-ST-7IP 1.4 CITY-ST-7IP DELETE TITLE 21 TITLE Change Addition ٧S SCOUDAN, ELLA NAME 2.2 NAME 4055 TAMIAMI TRAIL, UNIT 4 STREET ADDRESS 2.3 STHEET ADDRESS PORT CHARLOTTE FL 33952 CITY+ST-ZIP 2. 4 CITY-ST-ZIP DELETE TIBLE 3.1 TITLE Change ___ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP □ DELETE Change TITLE 61 THTLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address. 941 01121111

64 CITY-ST-ZIP 14. Thereby 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