

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **S33639**

(3)

1. Corporation Name

ROBERT L. COLAS, INC.

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~17627 BOAT CLUB DR
FT MYERS FL 33908~~

~~17627 BOAT CLUB DR
FT MYERS FL 33908~~

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified
02/22/1991

3a. Date of Last Report
03/17/1994

2. Principal Place of Business

2a. Mailing Address

21 **18246 Sycamore Rd.**

26 **18246 Sycamore Rd.**

Subst. Apt. #, etc.

Subst. Apt. #, etc.

City & State

City & State

23 **Fort Myers**

28 **Fort Myers**

24 **33912** 25 **USA**

29 **33912** 30 **USA**

4. FEI Number
65-0245000

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

10. Name and Address of New Registered Agent

**COLAS, ROBERT L.
17627 BOAT CLUB DR
FT MYERS FL 33908**

81 Name

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

83

84 City

FL

85 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 of Registered Agent or Agent in Charge)

(Signature of Registered Agent or Agent in Charge)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If any)

12-1	D
NAME	COLAS, ROBERT L.
STREET ADDRESS	17627 BOAT CLUB DR
CITY, ST, ZIP	FT MYERS FL
12-2	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12-3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12-4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12-5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12-6	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13-1	D	☒ Change ☐ Addition
NAME	Colas, Robert L.	
STREET ADDRESS	18246 Sycamore Rd.	
CITY, ST, ZIP	Fort Myers, FL 33912	
13-2		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
13-3		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
13-4		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
13-5		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
13-6		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that I qualify for the exemption stated in Section 199.032(1)(b), 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 person or persons empowered to execute this report as required by Chapter 661, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE:

Robert Colas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95