

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S79740** (4)

1. Corporation Name
FEMI CORPORATION



Principal Place of Business

**200 GOODLETTE RD S
SUITE #7
NAPLES FL 33940**

Mailing Address

**200 GOODLETTE RD S
SUITE #7
NAPLES FL 33940**

3. Date Incorporated or Qualified
09/09/1991

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **5501 Heron Point Dr.**

26 **5501 Heron Point Dr.**

4. FEI Number

65-0283631

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **# 1203**

Suite, Apt. #, etc.

27 **# 1203**

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

23 **Naples, FL**

City & State

28 **Naples, FL**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

24 **33963**

Country

25 **Collier**

Zip

29 **33963**

Country

30 **Collier**

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

**MCDERMOTT, FRANCES
200 GOODLETTE RD S
NAPLES FL 33940**

81 Name

Copeland, Frances M.

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

5501 Heron Point Dr.

83

1203

84 City

Naples, FL

FL

85 Zip Code

33963

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

Frances M. Copeland

2/16/96

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME **D MCDERMOTT COPELAND, FRANCES**
STREET ADDRESS **730 NORTH MANASOTA KEY ROAD**
CITY-ST-ZIP **ENGLEWOOD FL**

1.1 TITLE ☒ Change ☐ Addition

NAME **Copeland, Frances M.**
12.1 STREET ADDRESS **5501 Heron Point Dr., # 1203**
14.1 CITY-ST-ZIP **Naples, FL 33963**

1.1 TITLE ☐ Change ☐ Addition

2.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

7.1 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

NAME

3.1 STREET ADDRESS

4.1 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

6.1 STREET ADDRESS

7.1 CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

NAME

9.1 STREET ADDRESS

10.1 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Frances M. Copeland

2/16/96

941-594-5216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)