

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V26758 (5)

1. Corporation Name

JOHN C. FREEMAN, INC.



Principal Place of Business

POB 1378  
SANIBEL FL 33957

Mailing Address

POB 1378  
SANIBEL FL 33957

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 1378

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sanibel, FL

28 City & State

24 Zip 33957

25 Country USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/02/1992

3a. Date of Last Report

05/18/1995

4. FEI Number

65-0319255

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 ☒

10. Name and Address of New Registered Agent

81 Name SUSAN M. FREEMAN

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

1575 SERENITY LANE

83 P.O. Box 1378

84 City SANIBEL

FL

85 Zip Code 33957

FREEMAN, SUSAN M  
11260-A SUMMERWINDS CT ~~delete this line~~  
1575 SERENITY LANE ~~no longer there~~  
SANIBEL FL 33957

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 date of signature

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FREEMAN, JOHN C. II  
STREET ADDRESS 11260-A SUMMERWINDS CT  
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE

NAME FREEMAN, SUSAN M.  
STREET ADDRESS 11260-A SUMMERWINDS CT  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 D/P/V ☒ Change ☐ Addition

1.2 NAME JOHN C. FREEMAN, II  
1.3 STREET ADDRESS 1575 SERENITY LANE  
1.4 CITY-ST-ZIP SANIBEL FL 33957

2.1 TITLE D/S/T ☒ Change ☐ Addition

2.2 NAME SUSAN M. FREEMAN  
2.3 STREET ADDRESS 1575 SERENITY LANE  
2.4 CITY-ST-ZIP SANIBEL, FL 33957

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 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.

SUSAN M. FREEMAN

SIGNATURE:

Susan M. Freeman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 941 472 2671  
DATE DAYTIME PHONE

CR2E034 (12/95)