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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90255 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54525

1. Corporation Name

PHILIP N. SHERWIN, P.A.

Principal Place of Business

7370 COLLEGE PKWY
300
FORT MYERS FL 33907
US

Mailing Address

7370 COLLEGE PKWY
300
FORT MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1992

4. FEI Number

65-0349636

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

☒ Yes

☐ No

2. Principal Place of Business

21 17595 S. TAMiami TRAIL

2a. Mailing Address

26 17595 S. TAMiami TRAIL

Suite, Apt. #, etc.

22 SUITE 106

Suite, Apt. #, etc.

27 SUITE 106

City & State

23 FORT MYERS, FL

City & State

28 FORT MYERS, FL

Zip

24 33908

Country

25 LEE

Zip

29 33908

Country

30 USA

9. Name and Address of Current Registered Agent

SHERWIN, PHILIP N.
7370 COLLEGE PKWY
SUITE 300
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name

SHERWIN, PHILIP N.

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

17595 S. TAMiami TRAIL

83

SUITE 106

84

City

FORT MYERS

FL

85

Zip Code

33908

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

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☐ Addition

14. I hereby 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 Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip N. Sherwin
PHILIP N. SHERWIN

4/24/99

Date

(941) 481-7269

Daytime Phone #

CR2E034 (11/98)