

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 27 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59619 (9)

1. Corporation Name
FISHER & BROOKER, P.A.

Principal Place of Business

**900 DELAWARE AVE.
FT PIERCE FL 34950-8518
US**

Mailing Address

**805 VIRGINIA AVE
FT. PIERCE FL 34950-8518
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/20/1992

3a. Date of Last Report
06/28/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

2a Suite, Apt. #, etc.

4. FEI Number
65-0345707

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

City & State

23 City & State

City & State

28 City & State

Zip

24 Zip

Country

25 Country

Zip

29 Zip

Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROOKER, ELIZABETH STEWART
900 DELAWARE AVE.
FT PIERCE FL 34950**

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 the 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

Elizabeth Brooker
Signature (Typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

3/27/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
BROOKER, ELIZABETH S.
2811 10TH AVE
VERO BEACH FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
**615 11th Court
Vero Beach FL 32962**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
FISHER, JANICE V.
322 WEATHERBEE RD
FT PIERCE FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

14. I, the undersigned, certify that the information submitted with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this 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 and, as such, or as a person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Brooker
Signature

DATE

Signature: Name &

3/27/95 407 595 9899