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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVIDION OF DOCUDER AND IN

	1990	DIVISION OF	COMPORATIONS		
DOCUN 1. Corporation	MENT # V719	09 (8)			
STEVE	N DEWITT HOLMES, P.A				
				I AND COMMENT CRANE THE TRUE AND C	A TONG BERKE REGIN BEGIN ANDRE REGEN BEGIN LADE
Principal Place	of Business	Mailing Address	X.		3 ian arate Billet Grant Alber Grait Billet imft.
1500 COLON	IAL BLVD	1500 COLONIAL BLVD			
SUITE 230 FT MYERS FI	1 22007	SUITE 230			
US		FT MYERS FL 33907 US		3. Date Incorporated or Qualified	3a. Date of Last Report
				3. Date Incorporated or Qualified 10/19/1992	3a. Date of Last Report 04/28/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0357513	Applied For
21		26	·····	65-035/513	Not Applicable
Suite, Apt. #	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Crty & State		City & State			Fee Required
23	•	28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		I □ No
	9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New F	legistered Agent
11014150	ATELEN BELLEY		81 Namo		
Holmes Steven Dewitt 1500 Colonial BlvD			82 Street	Address (P.O. Box Number is Not Acceptat	ole)
SUITE 2					
	30 RS FL 33907		83		
I I WITE	NO FE 33907		84 City		85 Zip Code
11 Dura ant to	o the province of Continue COZ OF	00 (007 1600 F)			FL
or registere	ed agent, or both, in the State of H	orida. Such chande was authorize	of by the comoration's	orporation submits this statement for the pur board of directors. Thereby accept the app	rpose of changing its registered office ointment as registered agent 1 am
familiar with	h, and accept the obligations of, Se	ection 607.0505, Florida Statutes.		, , , , , , , , , , , , , , , , , , , ,	
SIGNATURE _	Signature: typed or printed name of registered as	icot and tito. Capitilitiative (NO)	IE. Rogistaren Agent sigirature :	company of the manufactural	DATE
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
THILE	D DOLLARO OTTORNI DELATE	☐ DELETE	1.1301(8		Change Addition
NAME	HOLMES, STEVEN DEWITT		1.2 NAME		
STREET ADDRESS	460 KEENAN COURT FORT MYERS FL		1.3 STREET ADDRESS		
CITY - ST - ZIP	FUNI WIENS FL		14 CITY ST ZIP		
TITLE		DELETE.	2 1 TOLF		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY - ST - ZIP		500
NAME			3 THILE		Change Addition
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 City St-Zip		
TITLE		DELETE	4 1 HITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4.0.TY S1-ZIP		
TITLE		☐ DELETE	5 1 Tift F		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STHEFT ADDRESS		
CITY - ST - ZIP			54 City ST ZIP		
TITLE		☐ DELETE	6 1 TIFLE		Change Addition
NAME .			6.2 NAME		
STREET ADDRESS CITY-ST-7IP			6.3 STREET ADDRESS		
1.013 - 51 - 719			# FACITY OF 710	1	

64 CHY-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 100 in 13 if changed or on an attachment with an address.

SIGNATURE(

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-13-96 (941)936-2889