

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 724120 (1)

1. Corporation Name
TECH OF COLLIER COUNTY, INC.



Principal Place of Business
**3984 ARNOLD AVENUE
PO BOX 8274 9409
NAPLES FL 33941**

Mailing Address
**P O BOX 9409
NAPLES FL 33941
JJS**

3. Date Incorporated or Qualified
08/15/1972

3a. Date of Last Report
02/08/1995

4. FEI Number
59-1564538

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
**LAWSON, JOHN J.
5981 22ND AVE. S.W.
NAPLES FL 33999**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | PE <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LAWSON, JOHN J. | 1.2 NAME | |
| STREET ADDRESS | 5981 22ND AVE. S.W. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | DC <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OATES, ED | 2.2 NAME | |
| STREET ADDRESS | 635 PALM CIRCLE E | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 0 | 2.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEHLER, M. MARGARET | 3.2 NAME | |
| STREET ADDRESS | 5211 1ST AVENUE N.W. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VINCENT, GRETA M | 4.2 NAME | |
| STREET ADDRESS | 432 FLAMINGO AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES, FL 0 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRINGARDNER, THOMAS A | 5.2 NAME | |
| STREET ADDRESS | 2220 IMPRL GOLF CRSE BLV | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NAPLES FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COLLIER, MRS. BARRON G. | 6.2 NAME | |
| STREET ADDRESS | 3838 FT. CHARLES DRIVE | 6.3 STREET ADDRESS | 1036 Wisconsin Drive |
| CITY-ST-ZIP | NAPLES FL | 6.4 CITY-ST-ZIP | Naples, Fl. 33940 |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **January 23, 1996** Daytime Phone #: **941-643-5338**

John J. Lawson, President/Executive Director

CR2E037 (12/95)