

**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**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-1564538</b>	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country	29	30
24	25		

**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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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:**

*John J. Lawson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John J. Lawson, President/Executive Director**

January 23, 1996 941-643-5338

Date

Daytime Phone #

CR2E037 (12/95)