

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 MAY -1 AM 3:31

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # H15871 (7)

1. Corporation Name
GREENWELL AND ASSOCIATES, INC.

Principal Place of Business 4395 CORPORATE SQ. PO BOX 9786 NAPLES FL 33942	Mailing Address P.O. BOX 9786 NAPLES FL 33941
--	--

2. Principal Place of Business 21 State, Apt. # etc. 22 City & State 23 Zip	2a. Mailing Address 26 State, Apt. # etc. 27 City & State 28 Zip
---	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/09/1984	3a. Date of Last Report 06/23/1994
4. FEI Number 59-2437802	☐ 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
7. This corporation has liability for intangible tax under S. 190.012, Florida Statutes. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GREENWELL, RICHARD A.
 4395 CORPORATE SQ.
 NAPLES FL 33942
 3451 BALLY BRIDGE CIR. #202
 BONITA SPRINGS FL 33923

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	FL

11. Pursuant to the provisions of Sections 607.014(2) 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 Sections 607.014(2), Florida Statutes.

SIGNATURE _____ **12. Registered Agent (Print Name and Address)** _____ **13. Registered Agent (Print Name and Address)** _____

12. OFFICERS AND DIRECTORS

12.1	PVT
NAME	GREENWELL, RICHARD A.
STREET ADDRESS	P.O. BOX 9786 N/A
CITY, ST, ZIP	NAPLES FL
12.2	S
NAME	GREENWELL, KATHLEEN A.
STREET ADDRESS	P.O. BOX 9786 N/A
CITY, ST, ZIP	NAPLES FL
12.3	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	☐ Change ☐ Addition
13.2	
13.3	
13.4	
13.5	
13.6	
13.7	
13.8	
13.9	
13.10	
13.11	
13.12	
13.13	
13.14	
13.15	
13.16	
13.17	
13.18	
13.19	
13.20	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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 treasurer or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *Richard A. Greenwell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD A. GREENWELL
 4-28-95 (013) 992-3322