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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 9:29

DOCUMENT # L40548

(4)

1. Corporation Name

DAVIDSON, NICK & CO., C.P.A.'S, INC.

Principal Place of Business

1025 5TH AVENUE NORTH
NAPLES FL 33940

Mailing Address

1000 TAMiami TRAIL NORTH
503
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1990

3a. Date of Last Report

04/21/1994

4. FEI Number

65-0160883

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 1000 Tamiami Tr. North

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 STE 503

27 Suite, Apt. #, etc.

City & State

23 Naples Florida

City & State

28

Zip

24 33940

Country

25 Collier

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, JAMES D.
1000 TAMiami TRAIL NORTH
SUITE 503
NAPLES FL 33940

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 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 607.0505, Florida Statutes.

SIGNATURE

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

(If (11) Registered Agent signature required when making filing)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DAVIDSON, JAMES D.
STREET ADDRESS 10123 BOCA CIRCLE
CITY, ST, ZIP NAPLES FL

TITLE VP
NAME NICK, PAUL
STREET ADDRESS 9790 WINCHESTER WOOD
CITY, ST, ZIP NAPLES FL

TITLE ST
NAME NICK, PAUL
STREET ADDRESS 9790 WINCHESTER WOOD
CITY, ST, ZIP NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 TITLE ☐ Change ☐ Addition

15 NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

18 TITLE

19 NAME

20 STREET ADDRESS

21 CITY, ST, ZIP

22 TITLE

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 TITLE

27 NAME

28 STREET ADDRESS

29 CITY, ST, ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY, ST, ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY, ST, ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY, 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 199.032(1)(b), 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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/95

813-261 8327