

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # N18627 (2)

95 MAY -1 PM 12:10

1. Corporation Name
COLLIER COUNTY PLUMBING AND MECHANICAL CONTRACTORS ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
PO BOX 990071 NAPLES FL 33999-3060 PO BOX 990071 NAPLES FL 33999-3060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/06/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0161167** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLAVELO, VICKI A.
3610 21ST AVE., SOUTHWEST
NAPLES FL 33964**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, ROY
STREET ADDRESS	POST OFFICE BOX 9992 <N/A
CITY - ST - ZIP	NAPLES FL
TITLE	VP
NAME	DI DONATO, EDWARD
STREET ADDRESS	4174 THIRD AVENUE, NW
CITY - ST - ZIP	NAPLES FL
TITLE	ST
NAME	ANDERMAN, DANIEL
STREET ADDRESS	1902 3LSA STREET
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	TAWORSKI, ALBERT
STREET ADDRESS	4007 EXCHANGE AVENUE
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	L'ESPERANCE, LIONEL
STREET ADDRESS	3702 ESTEY AVE.
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	FAULKNER, ADRIAN
STREET ADDRESS	5750 YAHL STREET, #101
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DI DONATO, EDWARD
1.3 STREET ADDRESS	4174 - 3rd Avenue, N. W.
1.4 CITY - ST - ZIP	Naples, FL 33999
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FAULKNER, ADRIAN
2.3 STREET ADDRESS	5750 Yahl Street, #101
2.4 CITY - ST - ZIP	Naples, FL 33942
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BIERLEY, JAMES
4.3 STREET ADDRESS	4303-A Exchange Avenue
4.4 CITY - ST - ZIP	Naples, FL 33942
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	PEROSI, VICTOR
6.3 STREET ADDRESS	1910 Princess Court
6.4 CITY - ST - ZIP	Naples, FL 33942

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: _____ **JAMES BIERLEY** 4/27/95 813-643-2737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR