

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 20 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000000138 (5)

1. Corporation Name

KELLY, PRICE, SIKET & HEUFERMAN, CHARTERED

Principal Place of Business

Mailing Address

2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 33942
US

P.O. BOX 8117
NAPLES FL 33941-8117

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

12/31/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0457802

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

9. Name and Address of Current Registered Agent

ZAKS, JOSEPH D
2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name ANDREW G. SIKET
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

SECRETARY

4/17/95

(Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME KELLY, CHARLES M JR.
STREET ADDRESS 460 15TH AVE S
CITY-ST-ZIP NAPLES FL 33940

TITLE D
NAME PRICE, R. SCOTT
STREET ADDRESS 632 PARKVIEW LN
CITY-ST-ZIP NAPLES FL 33940

TITLE D
NAME SIKET, ANDREW G
STREET ADDRESS 10480 REGENT CIR
CITY-ST-ZIP NAPLES FL 33942

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

1.1 TITLE P Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE T Change Addition
2.2 NAME
2.3 STREET ADDRESS 160 EUGENIA DRIVE
2.4 CITY-ST-ZIP NAPLES, FL 33963

3.1 TITLE S Change Addition
3.2 NAME
3.3 STREET ADDRESS 1400 SILVER SANDS AVE
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 resolver 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:

(Type or printed name of signing officer or director)

4-17-95

(813) 261-3453

Date

Telephone Number