

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000000138 (5)**

1. Corporation Name

~~KELLY, PRICE, PASSIDOMO, SIKET, HEUERMAN & ROSS, CHARTERED~~
KELLY, PRICE, PASSIDOMO & SIKET, CHARTERED

*MC
4-2795*



Principal Place of Business

Mailing Address

2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 33942
US

P.O. BOX 8117
NAPLES FL 33941-8117

3. Date Incorporated or Qualified
12/31/1993

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **2640 Golden Gate Parkway**

26 **2640 Golden Gate Parkway**

4. FEI Number
65-0457802

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 **Suite 315**
City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 City & State

28 **Naples, FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

Country

Zip

Country

25

29 **33942-3203** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIKET, ANDREW G
2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 33942

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 (Type or print name of registered agent or director)

(NOTE: Register Agent signature is not required)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1. TITLE Change Addition
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE **TD** DELETE
NAME **PRICE, R. SCOTT**
STREET ADDRESS **1650 EUGENIA DRIVE IXORA DRIVE**
CITY-ST-ZIP **NAPLES FL**

5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE **SD** DELETE
NAME **SIKET, ANDREW G**
STREET ADDRESS **1400 SILVER SANDS AVE.**
CITY-ST-ZIP **NAPLES FL**

9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE **D** DELETE
NAME **Kathleen C. Passidomo**
STREET ADDRESS **2200 Southwinds Drive**
CITY-ST-ZIP **Naples, FL 33940**

13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

21. TITLE Change Addition
22. NAME
23. STREET ADDRESS
24. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on the attachment with an address.

SIGNATURE:

[Handwritten Signature]

Andrew G. Siket, Secretary & Director

05/13/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Secretary of State

CR2E034 (12/95)

[Handwritten initials]