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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P94000054756 (9)**

1. Corporation Name
SOUTHWEST FLORIDA FINANCIAL SERVICES CORPORATION

| | |
|--|--|
| Principal Place of Business 5425 SHIRLEY STREET NAPLES FL 33940 4520 FLUVIA AV. NAPLES, FL 33940 | Mailing Address 5425 SHIRLEY STREET NAPLES FL 33940 4520 FLUVIA AV. NAPLES, FL 33940 |
|--|--|

DO NOT WRITE IN THIS SPACE.

| | |
|--|---|
| 2. Principal Place of Business 21 4520 FLUVIA AV | 2a. Mailing Address 26 4520 FLUVIA AV |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 NAPLES FL | City & State 28 NAPLES, FL |
| Zip 24 33940 | Country 25 USA |
| Zip 29 33940 | Country 30 USA |

| | |
|--|--------------------------------------|
| 3. Date Incorporated or Qualified 07/21/1994 | 3a. Date of Last Report NA |
| 4. FEI Number 65-0505337 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation has liability for intangible tax under S. 199.022, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|---|--|--|--|--------------------------|--|
| 9. Name and Address of Current Registered Agent DAUTERMAN, PHILIP C 5425 SHIRLEY STREET NAPLES FL 33940 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name PHILIP C. DAUTERMAN | | 82 Street Address (P.O. Box Number is Not Acceptable) 4520 FLUVIA AV. | | 83 | | 84 City NAPLES | |
| | | | | 85 Zip Code FL 33940 | | | |

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 Philip C. Dauterman (NOTE: Registered Agent signature required when reconstituting) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE RESIDENT/STOCKHOLDERS TRUSTEE (P) | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME PHILIP C. DAUTERMAN | 1.2 NAME | | |
| STREET ADDRESS 4520 FLUVIA AV. | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP NAPLES, FL 33940 | 1.4 CITY - ST - ZIP | | |
| TITLE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 2.2 NAME | | |
| STREET ADDRESS | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 2.4 CITY - ST - ZIP | | |
| TITLE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 3.2 NAME | | |
| STREET ADDRESS | 3.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 3.4 CITY - ST - ZIP | | |
| TITLE | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 4.2 NAME | | |
| STREET ADDRESS | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 4.4 CITY - ST - ZIP | | |
| TITLE | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 5.2 NAME | | |
| STREET ADDRESS | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 5.4 CITY - ST - ZIP | | |
| TITLE | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 6.2 NAME | | |
| STREET ADDRESS | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | 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 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: Philip C. Dauterman (813) 261-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date