

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
P.O. Box 12000, Tallahassee, FL 32304

APPROVED
AND
FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22377 (8)

1. Incorporation Number

PHOENIX ASSOCIATES OF SOUTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Office of Incorporation
2168 SANTA BARBARA BLVD
NAPLES FL 33999

Mailing Address
2168 SANTA BARBARA BLVD.
NAPLES FL 33999

3. Date Incorporated or Qualified 03/19/1992	3a. Date of Last Report 05/13/1994
4. FFI Number 65-0319840	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 Office of Incorporation 21 State: Apt. # etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State: Apt. # etc. 27 City & State 28 Zip 29 Country
--	---

9. Name and Address of Current Registered Agent

SLACK, MARK A.
3401 TAMiami TRAIL NORTH
SUITE 207
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name KEVIN MCVICKER
82 Street Address (P.O. Box Number is Not Acceptable) 2168 SANTA BARBARA BLVD.
83
84 City NAPLES
85 FL
86 Zip Code 33999

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 agent 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 provisions of Section 607.0502, Florida Statutes.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE NAME STREET ADDRESS CITY STATE ZIP	PD MOSHER, STAN 2168 SANTA BARBARA BLVD. NAPLES FL	TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP	VD HOWELL, BRIAN 2168 SANTA BARBARA BLVD. NAPLES FL	TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP	STD MCVICKER, KEVIN 2168 SANTA BARBARA BLVD NAPLES FL	TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☒ Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition
TYPE NAME STREET ADDRESS CITY STATE ZIP		TYPE NAME STREET ADDRESS CITY STATE ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemptions stated in the laws of the State of Florida. 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. I am an officer or director of the corporation or the registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the filing of this report or on an attachment with an addition.

SIGNATURE: *[Signature]* *[Signature]* *[Signature]*
KEVIN MCVICKER SECRETARY/TREASURER