

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -3 AM 8:29

DOCUMENT # 608778 (7)

1. Corporation Name

JAMES L. VILLA & ASSOCIATES, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**2721 S WESTCHESTER DR
CLEARWATER FL 34621-3020**

Mailing Address

**2721 S WESTCHESTER DR
CLEARWATER FL 34621-3020**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/01/1979

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1880645

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 Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VILLA, JAMES L
844 ROYAL DORNOCH CT.
TARPON SPRINGS FL 33589**

81 Name

82 Street Address, P.O. Box Number (if Not Applicable)

644 ROYAL DORNOCH COURT

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

(Sign on typed or printed name of registered agent and the corporation)

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

VILLA, JAMES L

STREET ADDRESS

844 ROYAL DORNOCH CT.

CITY - ST - ZIP

TARPON SPRINGS FL

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☒ Change ☐ Addition

644 ROYAL DORNOCH CT.

TITLE

S

NAME

VILLA, DOROTHY D

STREET ADDRESS

844 ROYAL DORNOCH CT.

CITY - ST - ZIP

TARPON SPRINGS FL

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☒ Change ☐ Addition

644 ROYAL DORNOCH CT

TITLE

VP

NAME

KAERCHER, DAVID M.

STREET ADDRESS

2721 S. WESTCHESTER DR.

CITY - ST - ZIP

CLEARWATER FL

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I 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)(b), 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. 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 of this report, if changed, or on an attachment with an address.

SIGNATURE:

David M. Kaercher

DAVID M. KAERCHER

2/27/95

(713) 854-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE