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Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 608778 (7)

1. Corporation Name

JAMES L. VILLA & ASSOCIATES, INC.

Principal Place of Business

2721 S WESTCHESTER DR  
CLEARWATER FL 34621-3020

Mailing Address

2721 S WESTCHESTER DR  
CLEARWATER FL 34621-3020

3. Date Incorporated or Qualified  
02/01/1979

3a. Date of Last Report  
03/07/1996

2. Principal Place of Business

21 375 MEARS BLVD.

2a. Mailing Address

26 P.O. Box 1945

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 OLDSMAR, FL

City & State

28 OLDSMAR, FL

Zip

24 34677

Country

25 USA

Zip

29 34677

Country

30 USA

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

9. Name and Address of Current Registered Agent

VILLA, JAMES L  
644 ROYAL DORNOCH COURT  
TARPON SPRINGS FL 33589

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME VILLA, JAMES L  
STREET ADDRESS 644 ROYAL DORNOCH CT.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE S ☐ DELETE  
NAME VILLA, DOROTHY D  
STREET ADDRESS 644 ROYAL DORNOCH CT.  
CITY-ST-ZIP TARPON SPRINGS FL

TITLE VP ☐ DELETE  
NAME KAERCHER, DAVID M.  
STREET ADDRESS 2721 S. WESTCHESTER DR.  
CITY-ST-ZIP CLEARWATER FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James L. Villa* JAMES L. VILLA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 813-854-1700  
Date Daytime Phone #

CP2E034 (9/96)