

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 JAN 25 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **743728** (8)

1. Corporation Name
THE WARRENTON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**160 2ND ST S APT C
NAPLES FL 33940** **160 2ND ST S APT C
NAPLES FL 33940**

3. Date Incorporated or Qualified 07/27/1978	3a. Date of Last Report 03/03/1994
4. FEI Number 59-1987959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 21	2a. Mailing Address 2a
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22. City & State 22	27. City & State 27
23. Zip Country 23	28. Zip Country 28
24. Zip Country 24	29. Zip Country 29
25. Zip Country 25	30. Zip Country 30

9. Name and Address of Current Registered Agent

**WARREN, PHYLLIS S.
160 2ND ST S APT C
NAPLES FL 33940**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: *Phyllis S. Warren President* DATE: **1-15-95**

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	WARREN, PHYLLIS S.
STREET ADDRESS	160 2ND ST S
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	VOGALFANGER, ISAAC
STREET ADDRESS	160 2ND ST., N.
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	CRENSHAW, TOM Dottie
STREET ADDRESS	160 2ND ST., S.
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	NASH, KNOWLTON
STREET ADDRESS	160 2ND ST., S.
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Phyllis S. Warren* DATE: **1-15-95** TELEPHONE: **813-262-8811**

PHYSICAL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR