

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 1 1995 9:38
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F20260** (8)

1. Corporation Name
THOMAS G. UNSWORTH, P.A.

Principal Office Location: **270-15TH STREET.N.W. NAPLES FL 33964**
Mailing Address: **270-15TH STREET.N.W. NAPLES FL 33964**

DO NOT WRITE IN THIS SPACE

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Addressed 02/18/1981 | 3a. Date of Last Report 05/01/1994 |
| 4. FID Number 59-2067033 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Cleared <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 |
| 9. This corporation is not eligible for automatic filing pursuant to Chapter 209, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|----------------------------------------------|----------------------------------|----|----|
| 2. Principal Office of Business 21 | 2a. Mailing Address 26 | | |
| State, Apt. # etc. 22 | State, Apt. # etc. 27 | | |
| City, State 23 | City, State 28 | | |
| 24 | 25 | 29 | 30 |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|-------------|--|
| 9. Name and Address of Current Registered Agent UNSWORTH, THOMAS G 270-15TH STREET,N.W. NAPLES FL 33964 | | 10. Name and Address of New Registered Agent | | |
| B1 Name | | B2 Street Address (P.O. Box Number is Not Acceptable) | | |
| B3 | | B4 City | | |
| | | FL | B5 Zip Code | |

11. Pursuant to the provisions of sections 607.05(2) and 607.15(8) 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 607.05(5), Florida Statutes.

SIGNATURE: _____ BY: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| 1. NAME PT UNSWORTH, THOMAS G | 1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition | 2. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. STREET ADDRESS 270-15TH STREET,N.W. NAPLES FL | 2. STREET ADDRESS | 3. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. CITY | 3. CITY | 4. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | 4. NAME | 5. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. STREET ADDRESS | 5. STREET ADDRESS | 6. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. CITY | 6. CITY | 7. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME | 7. NAME | 8. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 8. STREET ADDRESS | 8. STREET ADDRESS | 9. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. CITY | 9. CITY | 10. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | 10. NAME | 11. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. STREET ADDRESS | 11. STREET ADDRESS | 12. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. CITY | 12. CITY | 13. NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and deemed equally for the corporation stated in Sections 190.01, 190.02 Florida Statutes. I further certify that the information indicates that 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 this corporation or the person or persons empowered to execute this report as required by Chapter 209, Florida Statutes, and that my name appears on Block 12 of Block 13 of this report or on an attachment with an address.

SIGNATURE: *Thomas G. Unsworth* **Thomas G. Unsworth** 4-26-95 813-649-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR