

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 25 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 # F82841

(0)

1. Corporation Name

CRITERIA AND ASSOCIATES, INC.

Principal Place of Business

257 SOUTH AIRPORT ROAD  
NAPLES FL 33942  
US

Mailing Address

257 SOUTH AIRPORT ROAD  
NAPLES FL 34104-3517  
US

3. Date Incorporated or Qualified

05/26/1982

3a. Date of Last Report

02/20/1996

4. FEI Number

59-2200453

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

21 257 South Airport Road  
State, Apt. #, etc.

22 City & State

23 Naples, FL  
Zip 34104

Country US

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

GRIFFIS, J.M.  
2080 KINGFISH ROAD  
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name

Griffis, J.M.

82 Street Address (P.O. Box Number is Not Acceptable)

2080 Kingfish Road

83

84 City

Naples

FL

85 Zip Code

34102

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of the person who is the registered agent and filed appropriately)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GRIFFIS, J.M.	
STREET ADDRESS	2080 KINGFISH ROAD	
CITY - ST - ZIP	NAPLES FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HOY, PAUL E., SR	
STREET ADDRESS	284 FOREST HILLS BLVD.	
CITY - ST - ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAITLAND, DOUGLAS S.	
STREET ADDRESS	5305 DARBY COURT	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Griffis, J.M.	
1.3 STREET ADDRESS	2080 Kingfish Road	
1.4 CITY - ST - ZIP	Naples, FL 34102	
2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hoy, Paul E. Sr.	
2.3 STREET ADDRESS	284 Forest Hills Blvd.	
2.4 CITY - ST - ZIP	Naples, FL 34113	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Maitland, Douglas S.	
3.3 STREET ADDRESS	2343 Aldridge Ave.	
3.4 CITY - ST - ZIP	Ft. Myers, FL 33907	
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

J.M. Griffis  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97  
Date

941-434-8449  
Daytime Phone

0412348

CR2E034 (9/96)