

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 APR 27 PM 3: 07

DOCUMENT # H29216 (9)
1. Corporation Name
SOUTHWEST FINANCIAL MANAGEMENT CORPORATION

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**P.O. BOX 1243
CAPE CORAL FL 33910**

Mailing Address
**P.O. BOX 1243
CAPE CORAL FL 33910**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1984		3a. Date of Last Report 05/01/1994	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-2464391		Applied For ☐ Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCABE, JOSEPH A.
409 AVIATION PKWY
CAPE CORAL FL 33904**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State 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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCABE, JOSEPH A.	1.2 NAME	
STREET ADDRESS	409 AVIATION PKWY	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCABE, ELEANOR A.	2.2 NAME	
STREET ADDRESS	409 AVIATION PKWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TOMASSO, VINCENT B.	3.2 NAME	
STREET ADDRESS	413 AVIATION PKWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TOMASSO, JOAN MARIE	4.2 NAME	
STREET ADDRESS	413 AVIATION PKWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

Joseph A. McCabe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95

(Date)

913-468-3707

Daytime Phone