

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H46608 (6)

1. Corporation Name

CHRISTIAN-LLOYD ASSOCIATES, INC.

Principal Place of Business

294A 14TH AVENUE SOUTH
NAPLES FL 33940
US

Mailing Address

294A 14TH AVENUE SOUTH
NAPLES FL 33940
US



3. Date Incorporated or Qualified

03/03/1985

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2646847

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

JOHNSON, KENNETH R., ESQUIRE
3001 N TAMIAMI TR
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

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 of the person who is the registered agent or the registered agent's authorized representative

Printed Name of Agent or Authorized Representative

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME PS SWANSON, JOHN C. ☐ DELETE
12.2 STREET ADDRESS 294A 14TH AVE S
12.3 CITY-STATE-ZIP NAPLES FL

12.4 NAME ☐ DELETE
12.5 STREET ADDRESS
12.6 CITY-STATE-ZIP

12.7 NAME ☐ DELETE
12.8 STREET ADDRESS
12.9 CITY-STATE-ZIP

12.10 NAME ☐ DELETE
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP

12.13 NAME ☐ DELETE
12.14 STREET ADDRESS
12.15 CITY-STATE-ZIP

12.16 NAME ☐ DELETE
12.17 STREET ADDRESS
12.18 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME ☐ Change ☐ Addition

13.2 NAME ☐ Change ☐ Addition

13.3 STREET ADDRESS ☐ Change ☐ Addition

13.4 CITY-STATE-ZIP ☐ Change ☐ Addition

13.5 NAME ☐ Change ☐ Addition

13.6 NAME ☐ Change ☐ Addition

13.7 STREET ADDRESS ☐ Change ☐ Addition

13.8 CITY-STATE-ZIP ☐ Change ☐ Addition

13.9 NAME ☐ Change ☐ Addition

13.10 NAME ☐ Change ☐ Addition

13.11 STREET ADDRESS ☐ Change ☐ Addition

13.12 CITY-STATE-ZIP ☐ Change ☐ Addition

13.13 NAME ☐ Change ☐ Addition

13.14 NAME ☐ Change ☐ Addition

13.15 STREET ADDRESS ☐ Change ☐ Addition

13.16 CITY-STATE-ZIP ☐ Change ☐ Addition

13.17 NAME ☐ Change ☐ Addition

13.18 NAME ☐ Change ☐ Addition

13.19 STREET ADDRESS ☐ Change ☐ Addition

13.20 CITY-STATE-ZIP ☐ Change ☐ Addition

13.21 NAME ☐ Change ☐ Addition

13.22 NAME ☐ Change ☐ Addition

13.23 STREET ADDRESS ☐ Change ☐ Addition

13.24 CITY-STATE-ZIP ☐ Change ☐ Addition

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 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. SWANSON

2/13/96

941-263-7707

CR2E034 (12/95)