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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J62507

(5)

1. Corporation Name

LONGBOAT ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:43

Principal Place of Business

440 GULF OF MEXICO DR.
BUILDING A, STE 2
LONGBOAT KEY FL 34229

Mailing Address

13499 US 41 SE
FT MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/18/1987

3a. Date of Last Report

04/18/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-2807884

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDSON, W A
13499 US 41 SE
FT MYERS FL 33907

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, 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 PD
NAME PETERS, ANTHONY J.
STREET ADDRESS 1211 GULF OF MEXICO DR.
CITY-ST-ZIP LONGBOAT KEY FL

1.1 TITLE VD
1.2 NAME MASON, MARK E.
1.3 STREET ADDRESS 4500 ONE OXFORD CENTRE
1.4 CITY-ST-ZIP PITTSBURGH, PA 15219

☐ Change ☒ Addition

TITLE VD
NAME LEWIS, EDWARD J.
STREET ADDRESS STE 4500, ONE OXFORD CNT
CITY-ST-ZIP PITTSBURGH PA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME HUDSON, W A
STREET ADDRESS 13499 US 41 SE
CITY-ST-ZIP FT MYERS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME MATTER, DAVID M.
STREET ADDRESS 4500 ONE OXFORD CENTRE
CITY-ST-ZIP PITTSBURGH PA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME MILLER, RICHARD I.
STREET ADDRESS 4500 ONE OXFORD CENTRE
CITY-ST-ZIP PITTSBURGH PA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME GUY, STEVEN J.
STREET ADDRESS 4500 ONE OXFORD CENTRE
CITY-ST-ZIP PITTSBURGH PA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. MATTER

2/3/95

412-261-1550