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 # **J72732** **(7)**

1. Corporation Name
A. S. DARR & ASSOCIATES, INC.

Principal Place of Business
3898 N. TAMIAMI TRAIL
SUITE 102
NAPLES FL 33940
US

Mailing Address
3898 N. TAMIAMI TRAIL
SUITE 102
NAPLES FL 33940
US

3. Date Incorporated or Qualified: 05/14/1987
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0193062 ☐ 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 2373-75 DAvis Blvd.
Suite, Apt. #, etc.
22
City & State
23 Naples, FL 33942
Zip 24 33942 Country 25 US

2a. Mailing Address
26 2373-75 Davis Blvd.
Suite, Apt. #, etc.
27
City & State
28 Naples, FL 33942
Zip 29 33942 Country 30 US

9. **Name and Address of Current Registered Agent**
DARR, A.S.
3898 N. TAMIAMI TRAIL
NAPLES FL 33940

10. **Name and Address of New Registered Agent**
81 Name: Darr A. S.
82 Street Address (P.O. Box Number is Not Acceptable): 2373 Davis Blvd.
83
84 City: Naples, FL FL 85 Zip Code: 33942

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: ARTHUR S. DARR (Signature, typed or printed name of registered agent and title if applicable) Arthur S. Darr (NOTE: Registered Agent signature required when reinstating) 4/29/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DARR, A.S.	
STREET ADDRESS	3898 N. TAMIAMI TRAIL	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☐ DELETE
NAME	DARR, E L	
STREET ADDRESS	3030 S KEELEY ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VTD	☐ DELETE
NAME	SKRIVAN, A	
STREET ADDRESS	25730 HICKORY BLVD	
CITY-ST-ZIP	BONITA SPR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	2373 Davis Blvd.	
1.4 CITY-ST-ZIP	Naples, FL 33942	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(x), 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: Arthur S. Darr Pres. 4/29/96 (941) 775-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #