FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39134** **(7)**

1. Corporation Name
MICHAEL/TODD, INC.

Principal Place of Business	Mailing Address
3784 PROGRESS AVE. NAPLES FL 33942	3784 PROGRESS AVE. NAPLES FL 33942

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/17/1988**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business
21 **471 County Road 951**
Suite, Apt. #, etc.
22
City & State
23 **Naples, Florida**
Zip 24 **33999** Country 25 **U.S.A.**

2a. Mailing Address
26 **471 County Road 951**
Suite, Apt. #, etc.
27
City & State
28 **Naples, Florida**
Zip 29 **33999** Country 30 **U.S.A.**

4. FEI Number: **93-0986598** ☐ 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

NAGEL, CARL M.
3784 PROGRESS AVE.
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **471 County Road 951**
83
84 City **Naples** **FL** 85 Zip Code **33999**

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 _____ 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPVT	1.1 TITLE		☐ Change ☐ Addition
NAME	NAGEL, CARL M.	1.2 NAME		
STREET ADDRESS	6564 RIDGEWOOD DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	Delete	☒ Change ☐ Addition
NAME	COOPER, LOUIS R.	2.2 NAME	Cooper, Louis R.	
STREET ADDRESS	120 LAJARA BLVD.	2.3 STREET ADDRESS	120 La Jara Blvd.	
CITY-ST-ZIP	SAN ANTONIO TX	2.4 CITY-ST-ZIP	San Antonio, Texas	
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	SCOTT, PRICE R.	3.2 NAME		
STREET ADDRESS	632 PARKVIEW LANE	3.3 STREET ADDRESS	160 Eugenia Drive	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33963	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	NEUMANN, ARTHUR J	4.2 NAME		
STREET ADDRESS	390 RUGGER RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Carl M. Nagel 4/7/95 (813) 455-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0328008 CP