

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # K45359

(2)

1. Corporation Name

SOUTHWEST BANKS, INC.

95 FEB -7 PM 3:30

Principal Place of Business

900 GOODLETTE RD. N.
P.O. BOX 413043
NAPLES FL 33941-0043

Mailing Address

900 GOODLETTE RD. N.
P.O. BOX 413043
NAPLES FL 33941-0043

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified

11/15/1988

3a. Date of Last Report

02/08/1994

4. FEI Number

65-0093473

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALBERT, LEWIS S
900 GOODLETTE RD NO
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

X Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V
NAME
COGHILL, CC
STREET ADDRESS
1905 PRINCESS COURT
CITY-ST-ZIP
NAPLES FL

TITLE

D
NAME
WYNN, LARRY A.
STREET ADDRESS
1731 KNIGHTS WAY
CITY-ST-ZIP
NAPLES FL

TITLE

D
NAME
MACE, EDWARD J.
STREET ADDRESS
4418 WILDER RD
CITY-ST-ZIP
NAPLES FL

TITLE

D
NAME
MORTENSEN, PETER
STREET ADDRESS
426 ROBERTSON RD
CITY-ST-ZIP
HERMITAGE PA

TITLE

D
NAME
MYERS, RICHARD C.
STREET ADDRESS
1363 WOODRIDGE AVE
CITY-ST-ZIP
NAPLES FL

TITLE

DCP
NAME
TICE, GARY L.
STREET ADDRESS
2197 PINWOODS CIR.
CITY-ST-ZIP
NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

V/S
NAME
RICHTER, GARRETT S
STREET ADDRESS
2281 PINWOOD CIR
CITY-ST-ZIP
NAPLES FL 33940

☐ Change ☒ Addition

2.1 TITLE

V
NAME
ALBERT, LEWIS S
STREET ADDRESS
27821 HACIENDA E BLVD #221D
CITY-ST-ZIP
BONITA SPRINGS FL 33923

☐ Change ☒ Addition

3.1 TITLE

D
NAME
GOMER, DAVID W
STREET ADDRESS
3510 SE 19TH PL
CITY-ST-ZIP
CAPE CORAL FL 33904

☐ Change ☒ Addition

4.1 TITLE

D
NAME
HARRINGTON, FRANCIS E, JR
STREET ADDRESS
306 SPRING LINE DR
CITY-ST-ZIP
NAPLES FL 33940

☐ Change ☒ Addition

5.1 TITLE

D
NAME
LINDSAY, JAMES S
STREET ADDRESS
330 SPRING LINE DR
CITY-ST-ZIP
NAPLES FL 33940

☐ Change ☒ Addition

6.1 TITLE

V
NAME
JACKSON, SIDNEY T
STREET ADDRESS
762 HICKORY RD
CITY-ST-ZIP
NAPLES FL 33963

☐ 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 Sections 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

LEWIS S ALBERT

(813) 435-7621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number