

**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

APPROVED  
AND  
FILED

95 APR 26 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **K46050** (6)

1. Corporation Name  
**JOHN F. SOAVE, INC.**

Principal Place of Business Mailing Address  
**2403 TRADE CENTER WAY STE. 4 NAPLES FL 33942 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/17/1988** 3a. Date of Last Report **07/26/1994**  
4. FEI Number **65-0082704** 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  
6. The corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **2043 TRADE CENTER WAY** 26 **2403 TRADE CENTER WAY**  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State **NAPLES, FLORIDA** 28 City & State **NAPLES, FLORIDA**  
24 Zip **33942** 25 Country **COLLIER** 29 Zip **33942** 30 Country **COLLIER**

9. Name and Address of Current Registered Agent  
**PAULICH, JOHN, III  
PAULICH, O'HARA, & SLACK, P.A.  
3401 TAMAMI TRAIL NO., STE. 207  
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 agent 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOAVE, JOHN F.</b>	1.2 NAME	
STREET ADDRESS	<b>194 MAHOGANY DRIVE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOAVE, FRANK J.</b>	2.2 NAME	
STREET ADDRESS	<b>277 RIDGE DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NAPLES FL</b>	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 or Block 14 changed, or on an attachment with an address.

SIGNATURE: John F. Soave Date: 8/3/94  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR