

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 **2403 TRADE CENTER WAY**
STE. 4 **STE. 4**
NAPLES FL 33942 **NAPLES FL 33942**
US **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 **\$5.00** May Be
Trust Fund Contribution Added to Fees
6. The corporation has liability for intangible tax under s. 189.032,
Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **2043 TRADE CENTER WAY** 26 **2403 TRADE CENTER WAY**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **NAPLES, FLORIDA** 28 **NAPLES, FLORIDA**
24 **33942** 25 **COLLIER** 29 **33942** 30 **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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOAVE, JOHN F.	1.2 NAME	
STREET ADDRESS	194 MAHOGANY DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOAVE, FRANK J.	2.2 NAME	
STREET ADDRESS	277 RIDGE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	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