

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

95 JAN 20 PM 1:46

DOCUMENT # **L14114** (7)

1. Corporation Name

NAPSO ASSOCIATES, INC.

Principal Place of Business

Mailing Address

% CURTIS SOHL, JR.
3651 WILD PINES DR. #B203
BONITA SPRINGS FL 33923

% CURTIS SOHL, JR.
3651 WILD PINES DR. #B203
BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE.

| | |
|---|--|
| 3. Date Incorporated or Qualified 09/05/1989 | 3a. Date of Last Report 02/08/1994 |
| 4. FEI Number 65-0140857 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--------------------------------|----|---------------------|----|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 26 | Suits, Apt. #, etc. | |
| 22 | 27 | City & State | |
| 23 | 28 | City & State | |
| 24 | 25 | 29 | 30 |

9. Name and Address of Current Registered Agent

**SOHL, CURTIS, JR.
3651 WILD PINES DR
#B203
BONITA SPRINGS FL 33923**

10. Name and Address of New Registered Agent

| | |
|----|--|
| B1 | Name |
| B2 | Street Address (P.O. Box Number is Not Acceptable) |
| B3 | |
| B4 | City |
| B5 | 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|---|
| TITLE | PTD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOHL, CURTIS JR. | 1.2 NAME | |
| STREET ADDRESS | 3651 WILD PINES DR | 1.3 STREET ADDRESS | |
| CITY- ST- ZIP | BONITA SPRINGS FL | 1.4 CITY- ST- ZIP | |
| TITLE | VPS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOHL, NANNETTE M. | 2.2 NAME | |
| STREET ADDRESS | 3651 WILD PINES DR. | 2.3 STREET ADDRESS | |
| CITY- ST- ZIP | BONITA SPRINGS FL | 2.4 CITY- ST- ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOHL, MICHAEL A. | 3.2 NAME | |
| STREET ADDRESS | 2062 SW RACQUET CLUB DR | 3.3 STREET ADDRESS | |
| CITY- ST- ZIP | PALM CITY FL | 3.4 CITY- ST- ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, PAMELA S. | 4.2 NAME | |
| STREET ADDRESS | 1385 FOUNTAINE DR. | 4.3 STREET ADDRESS | |
| CITY- ST- ZIP | COLUMBUS OH | 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)(a), 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: *[Signature]* DATE: *1/20/95* (813) 947-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *CURTIS SOHL, JR.*