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CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 25 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M88170** (9)

1. Corporation Name

WILKINS, FROHLICH, JONES, HEVIA, RUSSELL & SUTTER, P.A.

Principal Place of Business	Mailing Address
18501 MURDOCK CIRCLE SIXTH FLOOR PORT CHARLOTTE FL 33948	18501 MURDOCK CIRCLE SIXTH FLOOR PORT CHARLOTTE FL 33948

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1988
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 65-0057351 ☐ 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

RUSSELL, W KEVIN
18501 MURDOCK CIR
6TH FLOOR
PORT CHARLOTTE FL 33948

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	WILKINS, GARY L.	1.2 NAME	
STREET ADDRESS	18501 MURDOCK CIRCLE, 6TH CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	FROHLICH, W. CORT	2.2 NAME	
STREET ADDRESS	RT. 1, BOX 839	2.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	JONES, PHILLIP J.	3.2 NAME	
STREET ADDRESS	1515 LANCO ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	JONES, MELISSA	4.2 NAME	
STREET ADDRESS	1515 LANCO ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HEVIA, JESUS M.	5.2 NAME	
STREET ADDRESS	18978 SW MCGRATH CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	☐ Change ☐ Addition
NAME	RUSSELL, W. KEVIN	6.2 NAME	
STREET ADDRESS	25430 RANCAGUA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE FL	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: W. Kevin Russell 01-19-95 813-625-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0338184 CP