FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 PM 6:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N01420 (1)

1. Corporation Name

FLORIDA SDA 20 - PRIVATE INDUSTRY COUNCIL, INC.

(ALLOWED) MAR 0 2 1995

Principal Place of Business	Mailing Address
46 TENTH STREET SOUTH NAPLES FL 33940	46 TENTH STREET SOUTH NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/14/1984
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-2461280 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

PATERNO, JOSEPH
46 TENTH STREET SOUTH
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 _____ 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	S	11 TITLE	☐ Change ☐ Addition
NAME	CUNNINGHAM, HARRY	12 NAME	
STREET ADDRESS	46 TENTH STREET SOUTH	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BITNER, DAVID I.	22 NAME	
STREET ADDRESS	46 TENTH STREET SOUTH	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, D. A	32 NAME	
STREET ADDRESS	46 TENTH STREET, SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	ASHLEY, DON	42 NAME	
STREET ADDRESS	46 TENTH ST., SOUTH	43 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	HUMPHREY, SYLVESTER	52 NAME	
STREET ADDRESS	46 TENTH STREET SOUTH	53 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, WILLIE	62 NAME	
STREET ADDRESS	46 TENTH STREET SOUTH	63 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Paterno *Joseph Paterno* 4/15/95 813-261-0553
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0019447