FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1	996	100	DIVISION OF C	ORPORA	TIOI	NS					
	MENT # N313	38 8									
	SIMONE CONI		SSOCIATIO	ON, I	N	C.					
Principal Place	of Business	Mailir	ng Address								
0.70	TRAMCQ. INC	c. c	O TRAMCO	o, IN	IC.						
·	5085 Tamiar	ni Tr. E.	5085 1	ľamia	ım:	i Tr	<u>.</u> •				
	Naples, FL	33962	Naples	s, FL		33962	2	3. Date Incorporated or Qualified 03/27/89		of Last Rep 07/95	
A Diseise Die	an of Duninger	2a M	la ling Address			 v		4. FEI Number			lied For
2. Principal Pla	ace of Business	25	la ling Address					59-2941000		Not	Applicable
Suite, Apt #	, etc.		uite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	I .
22		27					\dashv			Fee Req	
City & State		├ ¬	·ly & State					Election Campaign Financing Trust Fund Contribution	П	\$5.00 N Added to	
23	Country	28	ıp	Cour	itry			8. This corporation has liability for	intangible ta		
Zip 24	25	29		30	•			Florida Statutes	Yes 🗌	No	
-71	9. Name and Addres	1	red Agent					10. Name and Address of New Ro	gistered Ag	ent	
				1	81	Name					
	ICO, INC.			ļ.	82	Street Ar	ddres	ss (P.O. Box Number is Not Accepta	ole)		
	Tamiami T		ast 83								
Napi	es, FL 33	962			33						
					84	City			FL	85 Zip C	ode
44 Durmont I	a the provisions of Section	ons 617 0502 and 617	1508 Florida Statut	es the ab	ove	-named c	corpo	ration submits this statement for the	nurrose of o	hanging its	registered
	egistered agent, or both, in familiar with, and acce						oratio	n's board of directors. I hereby acce	pt the appoi	ntment as r	egistered
_	fi familiar with, and acce	pt the obligations of, c	300(1011 077.0000, 1	J,, J, Z,							
SIGNATURE _	Signature, typed or printed name i				Ager	nt signature re	equ rec	when reinstating) ADDITIONS/CHANGES TO OFF	DATE CEDS AND I	DIRECTOR'	S IN 12
12.	OF	FICERS AND DIRECT	ORS DELETE	13.	1.5	T		ADDITIONS/CHANGES TO OFFI	CENS AND L	Change	Addition
TITLE	PD		□ beerte	1.2 NA							
NAME STREET ADDRESS	Chevillet	, waiter le Bay Dri	#19			ADDRESS					
CITY-ST-ZIP	Naples, F		LVE #IJ	1 4 CI	IY-S	1 - ZIP					F1
TITLE	TD	<u> </u>	DELETE	21 11	TLE.				L	Change	Addition
NAME		, Geraldiı	ne J.	22 NA	ME						
STREET ADDRESS	5637 Turt	le Bay Dr	ive #19			ADDRESS					
CITY - ST - ZIP	<u>Naples, F</u>	le Bay Dr: L 33963	DELETE	2 4 C		ST - ZIP			Т	Change	Addition
TITLE	SD			3 2 NA							
NAME	White, Ra	Amoug	. #24			ADDRESS					
STREET ADDRESS CITY-ST-ZIP	5633 Turt	le Bay Dr L 33963	ive #31	3 4. C	(TY - S	ST - ZIP					
TITLE	VD	1, 33303	DELETE	4 1 Tu	TLf				l] Change	Addition
NAME	Knight	Frances		4 2 N		1					
STREET ADDRESS	5633 Turt	le Bav Dr	ive #37			ADDRESS	1				
CITY-ST-ZIP	Naples, F	<u>L 33963</u>	DELETE	4.4 CI 5.1 TI	_	ST - ZIP		6000017	222.	Ctange	Addition
TITLE			☐ hereie	5.1 II	- 1	'		-04/19/9601	3 - 3 : 15700	<u>.</u> 16	-
NAME CTRCCT ADORESS						T ADORESS		***61.25	,,,,		
STREET ADDRESS CITY-ST-ZIP						ST - ZIP					
THILE			DELETE	6 1 TI	TLE					Change	Addition
NAME				6.2 N	AME	ļ			(1-19	1 - GE
STREET ADDRESS				1		T ADDRESS					R
CITY - ST - ZIP				64C	(TY - S	ST-ZIP				<u> </u>	

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)(k). Florida Statules. 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: Date L Charillet
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR WALTER L CHEVILLET

PRES

941-591-3366 Daytime Phone #