

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Apr 30 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P27540 (4)**  
 1. Corporation Name  
**RICHARD NEVILLE ASSOCIATES INC**



Principal Place of Business <b>11595 KELLY ROAD, #205                  FORT MYERS FL 33908</b>	Mailing Address <b>11595 KELLY ROAD, #205                  FORT MYERS FL 33908-2539</b>
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3. Date Incorporated or Qualified <b>01/02/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21</b> 6296 Corporate Ct., A-203 <b>2</b> Ft. Myers FL 33919-3535 <small>City &amp; State</small>	2a. Mailing Address <b>26</b> 6296 Corporate Ct., A-203 <b>27</b> Ft. Myers FL 33919-3535 <small>City &amp; State</small>	4. FEI Number <b>04-2721796</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country <b>24</b> <b>25</b>	28 Zip Country <b>29</b> <b>30</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>NEVILLE, RICHARD O.                  11595 KELLY ROAD #205                  FT. MYERS FL 33908</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Richard O. Neville (acceptable) <b>83</b> 6296 Corporate Ct., A-203 Ft. Myers FL 33919-3535 <b>84</b> <b>FL</b> <b>85</b> 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: \_\_\_\_\_  
Signatures, 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 NAME STREET ADDRESS CITY - ST - ZIP	PTD NEVILLE, RICHARD O. 11595 KELLY ROAD #205 FT. MYERS FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1534 Beechwood Trail Ft. Myers FL 33919-3474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEVILLE, DONNA M 13311 GREENGATE #624 FT MYERS FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1534 Beechwood Trail Ft. Myers FL 33919-3474
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEVILLE, LISA M 11595 KELLY ROAD #205 FT MYERS FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 25 EMILY LANE PT MYERS BCH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing 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:** *[Signature]* **4-25-97** **941 466-5600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)