

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 JUN 28 AM 9: 04

DOCUMENT # **P40399** (8)
1. Corporation Name
BENT & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
2500 N TRAIL SUITE 222 NAPLES FL 33940 US **825 OLD THORN RUN RD CORAOPOLUS PA 15108-1151 US**

3. Date Incorporated or Qualified **09/09/1992** 3a. Date of Last Report **03/21/1994**

| | | | |
|--------------------------------|---------------------------------|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 296 ROCKHILL COURT | 25-1544516 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 8. This corporation has liability for intangible tax under S. 199 (3)(2), Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 23 | 28 MARCO ISLAND, FLORIDA | | |
| Zip | Country | 29 | 30 |
| 24 | 25 | 33937 | USA |

| | | | |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BENT, WALTER L. 2500 N. TRAIL, SUITE 222 NAPLES FL 33940 | | 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 Registered Agent signature required when registering

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------|---|---|
| TITLE | VP | 11 TITLE | PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | VLASHO, LOU | 12 NAME | WALTER L. BENT |
| STREET ADDRESS | 6001 PELICAN BAY BLVD | 13 STREET ADDRESS | 296 ROCKHILL COURT |
| CITY - ST - ZIP | NAPLES FL | 14 CITY - ST - ZIP | MARCO ISLAND, FL 33937 |
| TITLE | SECRETARY | 21 TITLE | VICE PRESIDENT OF FINANCE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BENT, LEE P. | 22 NAME | JEFFREY S. BAROCCAS |
| STREET ADDRESS | 296 ROCKHILL COURT | 23 STREET ADDRESS | 738 SIESTA KEY CIRCLE |
| CITY - ST - ZIP | MARCO ISLAND FL | 24 CITY - ST - ZIP | SARASOTA, FL 34242 |
| TITLE | | 31 TITLE | VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 32 NAME | JOHN B. BRADY |
| STREET ADDRESS | | 33 STREET ADDRESS | 165 COWHILL ROAD |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | CLINTON, CT 06437 |
| TITLE | | 41 TITLE | ASSISTANT SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 42 NAME | HUGH G. VAN DER VEER |
| STREET ADDRESS | | 43 STREET ADDRESS | 212 FALCONHURST DRIVE |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | PITTSBURGH, PA 15238 |
| TITLE | | 51 TITLE | CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 52 NAME | MIKE J. MCNEELAN |
| STREET ADDRESS | | 53 STREET ADDRESS | 3032 SANDPIPER BAY CIRCLE G305 |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | NAPLES, FL 33962 |
| TITLE | | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 110.07(3)(k), 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 applicable, or on an attachment with an address.

SIGNATURE: Walter L. Bent **BENT & ASSOCIATES, INC.** BY: _____
6/21/95 941-262-2300
WALTER L. BENT, PRESIDENT OF BENT & ASSOCIATES, INC.