

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P93000075071 (9)

1. Corporation Name

OFFSHORE CONSULTANTS OF S.W. FLORIDA, INC.

Principal Place of Business

12381 SOUTH CLEVELAND AVE.
STE 203
FORT MYERS FL 33907
US

Mailing Address

12381 SOUTH CLEVELAND AVE.
STE 203
FORT MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
10/29/1993

3a. Date of Last Report
06/16/1994

4. FEI Number

~~APPLIED FOR~~ 65-0447551 ☒ 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. This corporation has complied with the provisions of the Florida Statutes regarding the filing of its annual report. ☐ Yes ☒ No

2. Principal Place of Business

21. 4712 S.E. 15th Avenue

Suite Apt # etc

22. A-2nd Floor

City & State

23. Cape Coral, Florida

Zip

24. 33904

25. Lee

2a. Mailing Address

26. Post Office Box 667

Suite Apt # etc

27.

City & State

28. Cape Coral, Florida

Zip

29. 33910

30. Lee

9. Name and Address of Current Registered Agent

REA, GEORGE W
12381 S CLEVELAND AVE
STE 203
FT MYERS FL 33907

10. Name and Address of New Registered Agent

B1. Name

B2. Street Address (P.O. Box Number is Not Acceptable)

4712 S.E. 15th Avenue

B3.

Suite A-2nd Floor

B4. City

Cape Coral

FL

B5. Zip Code

33904

11. Pursuant to the provisions of Sections 607.0507 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

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

4-26-95

12. OFFICERS AND DIRECTORS

12.1 NAME: DPS
12.2 NAME: REA, GEORGE W
12.3 STREET ADDRESS: 12381 S. CLEVELAND AVE, SUITE 504
12.4 CITY, STATE, ZIP: FORT MYERS FL 33907

12.5 NAME:
12.6 STREET ADDRESS:
12.7 CITY, STATE, ZIP:

12.8 NAME:
12.9 STREET ADDRESS:
13.0 CITY, STATE, ZIP:

13.1 NAME:
13.2 STREET ADDRESS:
13.3 CITY, STATE, ZIP:

13.4 NAME:
13.5 STREET ADDRESS:
13.6 CITY, STATE, ZIP:

13.7 NAME:
13.8 STREET ADDRESS:
13.9 CITY, STATE, ZIP:

14. I, hereby certify, that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0507 of the Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 treasurer or person empowered to execute this report as required by 607.0507, Florida Statutes, and that my name appears on Block 12 or Block 13 of this form. I am an officer, director, or shareholder.

SIGNATURE:

(Signature of Signing Officer or Director)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.

13.1 NAME:
13.2 NAME:
13.3 STREET ADDRESS: 4712 S.E. 15th Avenue (Ste A-2nd Floor)
13.4 CITY, STATE, ZIP: Cape Coral, Florida 33904

13.5 NAME:
13.6 STREET ADDRESS:
13.7 CITY, STATE, ZIP:

13.8 NAME:
13.9 STREET ADDRESS: 700001504177
14.0 CITY, STATE, ZIP: -06/02/95--01016--006

14.1 NAME:
14.2 STREET ADDRESS: *****208.75 *****208.75
14.3 CITY, STATE, ZIP:

14.4 NAME:
14.5 STREET ADDRESS:
14.6 CITY, STATE, ZIP:

14.7 NAME:
14.8 STREET ADDRESS:
14.9 CITY, STATE, ZIP:

4-26-95

813-945-1933