

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000011355 (2)**

1. Corporation Name

**ADVANCED DESIGN CONTRACTING, INC.**



Principal Place of Business

Mailing Address

1811 J & C BLVD  
NAPLES FL 33942  
US

1811 J & C BLVD  
NAPLES FL 33942  
US

3. Date Incorporated or Qualified

**02/10/1994**

3a. Date of Last Report

**07/20/1995**

2. Principal Place of Business

2a. Mailing Address

21 **1811 J & C Blvd**  
Suite, Apt. #, etc.

26 **1811 J & C Blvd**  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Naples FL**  
Zip Country

28 **Naples FL**  
Zip Country

24 **33942** 25 **U.S.**

29 **33942** 30 **U.S.**

9. Name and Address of Current Registered Agent

LOCKER, JOSEPH R JR.  
2150 GOODLETTE ROAD  
6TH FLOOR  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name **JOHN PAULICH II**

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

**- SAME -**

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 collections of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/11/96**  
DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **DPS**  
NAME **NEULS, MARION**  
STREET ADDRESS **1811 J & C BLVD**  
CITY-ST-ZIP **NAPLES FL**

TITLE **DVT**  
NAME **HALL, WILLIAM A III**  
STREET ADDRESS **1811 J & C BLVD**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME **MARION NEULS HALL**  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

**Marion Neuls Hall**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/96 941/370-0964**  
Date Daytime Phone #

CR2E034 (12/95)