FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000026384 (5)**

1. Corporate Name
THOMAS IVERSON, INC.

Principal Place of Business
225 TURTLE LAKE CT 205
NAPLES FL 33942

Mailing Address
225 TURTLE LAKE CT 205
NAPLES FL 33942

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report:

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 25

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 30

4. FEI Number: 65-0474682 — 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

8. This corporation has authority to distribute its property pursuant to Florida Statutes: [X] Yes ☐ No

9. Name and Address of Current Registered Agent

IVERSON, THOMAS
225 TURTLE LAKE CT 205
NAPLES FL 33942

10. Name and Address of New Registered Agent

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 Section 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS
01	PRESIDENT	☐ Change ☐ Addition
NAME	THOMAS R. IVERSON	
STREET ADDRESS	225 TURTLE LAKE CT. #205	
CITY-ST-ZIP	NAPLES, FLORIDA 33942	
02		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
03		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
04		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
05		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
06		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. To the best of my knowledge, the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above or on an attachment with an address.

SIGNATURE: Thomas R. Iverson (THOMAS R. IVERSON) PRES. 4-12-95 813-593-0786
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

03284438 CP