

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. McPherson
Secretary of State
CORPORATE & COMMERCIAL SERVICES

APPROVED
AND
FILED

95 APR 24 PM 1:27

DOCUMENT # P94000036652 (3)

1. Corporation Name

ERICKSEN/KETCH CAY CORPORATION

STATE
TALLAHASSEE, FLORIDA

49

2a. Mailing Address

6318 TRAIL BLVD
NAPLES FL 33963

2b. Mailing Address

6318 TRAIL BLVD
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1994

3a. Date of Last Report

2. Principal Place of Business

21

2b. Mailing Address

26

State Apt. # etc.

State Apt. # etc.

22. City & State

23

27. City & State

28

24. City

25. Zip Code

29. City

30. Zip Code

4. FEI Number

65-0494620

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 liability for enterprise tax under 1994 (1993)
Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PASSIDOMO, KATHLEEN C
800 LAUREL OAK DR
SUITE 400
NAPLES FL 33963

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 607.02(2) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office 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 Sections 607.02(2) and 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If 12)

14. NAME

D
ERICKSEN, GROVER G
6318 TRAIL BLVD
NAPLES FL 33963

15. NAME

16. NAME

17. NAME

18. NAME

19. NAME

20. NAME

21. NAME

22. NAME

23. NAME

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30. NAME

31. NAME

32. NAME

33. NAME

34. NAME

35. NAME

36. NAME

37. NAME

38. NAME

39. NAME

40. NAME

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95

813-546-3355