

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

CORPORATION
ANNUAL REPORT
1995



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

95 MAR 31 PM 2:25

DOCUMENT # P94000044516 (0)

1. Corporation Name

PHASE XV, INC.

500001444045

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21		26		65-0522050		06/14/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Applied For	
22		27		5. Certificate of Status Desired		Not Applicable	
City & State		City & State		6. Election Campaign Financing		\$8.75 Additional Fee Required	
23		28		Trust Fund Contribution		5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

GOLEMAN, KEVIN G
GUMMINGS & LOCKWOOD
3001 TAMMAM TRAIL NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name David L. Wolfe
82 Street Address (P.O. Box Number is Not Acceptable)
Suite 509
83 500 Fifth Avenue South
84 City Naples FL 85 Zip Code 33940

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

David L. Wolfe, David L. Wolfe

3/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	BOU-SUMAN, GEORGE K	12 NAME	
STREET ADDRESS	4390 E. CLIFF RD.	13 STREET ADDRESS	
CITY, ST, ZIP	PORT CLINTON OH 43452	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BOU-SUMAN, BARBARA	22 NAME	
STREET ADDRESS	4390 E. CLIFF RD.	23 STREET ADDRESS	
CITY, ST, ZIP	PORT CLINTON OH 43452	24 CITY, ST, ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 liquidator 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George K. Bou-Suman - Pres.

3/29/95 813 434-7360

RW 3-31-95