

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

3-30-95 8-2772-C

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 8: 55

DOCUMENT # P94000068906 (4)

1. Corporation Name

VANGUARD CORPORATION OF SOUTHWEST FLORIDA

Principal Place of Business

Mailing Address

**2011 BAYSIDE PARKWAY
FT. MYERS FL 33901**

**2011 BAYSIDE PARKWAY
FT. MYERS FL 33901**

**P.O. BOX 6819
FT. MYERS FL 33901**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

3a. Date of Last Report

09/19/1994

4. FEI Number

Applied For

65-0527277

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3800 FOWLER ST.

26 P.O. BOX 6819

Suite, Apt. #, etc

Suite, Apt. #, etc

22 SUITE 12

27

City & State

City & State

23 FT. MYERS FL

28 FT. MYERS FL 33901

Zip

Country

Zip

Country

24 33901

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLAIR, HARRY A
2138-40 HOOPEL ST.
FT. MYERS FL 33901**

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 607.0502 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

Signature of Agent or person authorized to appoint and accept agent

Signature of Registered Agent (Required for all registrations)

(6A)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD
NAME	POPE, LORRAINE S
STREET ADDRESS	17393 INGRAM RD.
CITY, ST, ZIP	FT. MYERS FL 33912
TITLE	VSD
NAME	MECKS, CARL
STREET ADDRESS	1252 CARLENE AVE.
CITY, ST, ZIP	FT. MYERS FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1. TITLE	☐ Change ☐ Addition
1. NAME	
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. 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 Sections 119.02(6)(b), 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 on the record 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 or change, or on an attachment with an address.

SIGNATURE

CARL W. MECKS

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/95

813-277-1141

Date

Daytime Phone #