

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 # P95000012013 (5)

1. Corporation Name

P.I.T.A. OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

395 BAYLAND DRIVE
FT. MYERS FL 33931

Mailing Address

395 BAYLAND DRIVE
FT. MYERS FL 33931

3. Date Incorporated or Qualified
02/13/1995

3a. Date of Last Report
2-13-95

2. Principal Place of Business

21 4630 GULF STREAM BLVD

2a. Mailing Address

26 Suite, Apt. #, etc

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

NAPLES FL 33962

28 City & State

28 City & State

24 Zip

33962

25 Country

COLLIER

29 Zip

30 Country

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 intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PINTER, MICHAEL R
4328 CORPORATE SQUARE, STE. C
NAPLES FL 33942

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 Registered Agent or Change of Agent (If Applicable)

(If Not Registered Agent, Signature of Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D HORNACK, RICHARD M
STREET ADDRESS 395 BAYLAND DRIVE
CITY-STATE-ZIP FT. MYERS FL 33931

TITLE ☐ DELETE
NAME D HORNACK, CAROL J
STREET ADDRESS 395 BAYLAND DRIVE
CITY-STATE-ZIP FT. MYERS FL 33931

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition
12. NAME
13. STREET ADDRESS
14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition
22. NAME
23. STREET ADDRESS
24. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
32. NAME
33. STREET ADDRESS
34. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
42. NAME
43. STREET ADDRESS
44. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
52. NAME
53. STREET ADDRESS
54. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
62. NAME
63. STREET ADDRESS
64. CITY-STATE-ZIP

100001856361
-06/10/96--01001--045
***200.00

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, changed, or on an attachment with an address.

SIGNATURE:

Richard M. Hornack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Discipline Phone:

5-31-96

941-775-7788

CR2E034 (12/95)