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 APR 17 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S13897 (1)

1. Corporation Name
TREISER, KOBZA & VOLPE, CHARTERED

Principal Place of Business	Mailing Address
THE NORTHERN TRUST BLDG. 4001 TAMIAMI TRAIL N., SUITE 330 NAPLES FL 33940	THE NORTHERN TRUST BLDG. 4001 TAMIAMI TRAIL N., SUITE 330 NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/20/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 65-0233387 ☐ 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 intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KOBZA, KIM PATRICK
801 12TH AVENUE SOUTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Mr. Kim Patrick Kobza
82 Street Address (P.O. Box Number is Not Acceptable): 4001 North Tamiami Trail
83 Suite 330
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	VP/D	☐ Change ☐ Addition
NAME	KOBZA, KIM PATRICK	12 NAME	Kim Patrick Kobza	
STREET ADDRESS	801 12TH AVENUE SOUTH	13 STREET ADDRESS	4001 North Tamiami Trail, Suite 330	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	Naples, Florida 33940	
TITLE	PD	21 TITLE	P/T/D	☐ Change ☐ Addition
NAME	TREISER, RICHARD M.	22 NAME	Richard M. Treiser	
STREET ADDRESS	801 12TH AVENUE SOUTH	23 STREET ADDRESS	4001 North Tamiami Trail, Suite 330	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	Naples, Florida 33940	
TITLE	SD	31 TITLE	S/D	☐ Change ☐ Addition
NAME	ROGERS, WILLIAM L	32 NAME	William L. Rogers	
STREET ADDRESS	801 TWELFTH AVE SO	33 STREET ADDRESS	4001 North Tamiami Trail, Suite 330	
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	Naples, Florida 33940	
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)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ Kim Patrick Kobza, Vice President (813)649-4900
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Title — Daytime Phone #

032997 CP