

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 19 AM 11: 51

DOCUMENT # **S49097** (6)

1. Corporation Name  
**O. & P. ASSOCIATES OF CHARLOTTE COUNTY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business      Mailing Address  
**21216 OLEAN BLVD.  
CENTRAL PLAZA WEST, UNIT 5  
PORT CHARLOTTE FL 33952**      **21216 OLEAN BLVD.  
CENTRAL PLAZA WEST, UNIT 5  
PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/01/1991**      **04/25/1994**

2. Principal Place of Business      2a. Mailing Address  
**21**      **26**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

4. FEI Number      Applied For  
**65-0273260**      Not Applicable

22. City & State      27. City & State

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

23. Zip      Country      28. Zip      Country

6. Election Campaign Financing Trust Fund Contribution            **\$5.00** May Be Added to Fees

24. Zip      25. Country      29. Zip      30. Country

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

**KAKLIS, V. WILLIAM  
1400 4TH AVE. WEST  
BRADENTON FL 34205**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registered)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      **DPS**  
NAME      **MARGE, WAYNE A., SR.**  
STREET ADDRESS      **21216 OLEAN BLVD.**  
CITY- ST- ZIP      **PT. CHARLOTTE FL**

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE      **T**  
NAME      **MARGE, WAYNE A., SR.**  
STREET ADDRESS      **21216 OLEAN BLVD.**  
CITY- ST- ZIP      **PT. CHARLOTTE FL**

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE       Change       Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE       Change       Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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 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:

*Wayne A. Marge Sr.*  
SIGNATURE (TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)  
**Wayne A. Marge Sr.**

**1/10/95 8136299689**  
DATE