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 # **V00884** **(9)**

1. Corporation Name
SVR CORP.

Principal Place of Business
886 110TH AVE. NO.
NAPLES FL 33963

Mailing Address
886 110TH AVE. NO.
NAPLES FL 33963

2. Principal Place of Business — 21 ; Suite, Apt. #, etc. 22 ; City & State 23 ; Zip 24 ; Country 25

2a. Mailing Address — 26 ; Suite, Apt. #, etc. 27 ; City & State 28 ; Zip 29 ; Country 30

3. Date Incorporated or Qualified: 12/17/1991

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0304962 — ☐ 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

NEALE, PATRICK H.
48 TEMPLEWOOD CT.
MARCO ISLAND FL 33937

10. Name and Address of New Registered Agent

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: PATRICK H. NEALE — DATE: 4-28-96

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
P	VAN RITE, SHARON	10285 WINTER VIEW DR.	NAPLES FL	☐
VP	LUKAS, MARLENE	4315 SW 25TH PLACE	CAPE CORAL FL	☐
S	CARSON, JOAN	3822 SE 4TH AVE.	CAPE CORAL FL	☐
T	AMRHEIN, BARBARA	3030 BINNACLE DR.	NAPLES FL	☑
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

No.	Title	Name	Street Address	City-St-Zip	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4	T	VAN RITE, TAMARA	10285 WINTER VIEW DR.	NAPLES, FL 33942	☑	☐
5					☐	☐
6					☐	☐

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 if changed, or on an attachment with an address.

SIGNATURE: Sharon Van Rite — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/96 — Daytime Phone #: 941-591-3323

CR2E034 (12/95)