

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

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # V23679 (6)

1. Corporation Name:

S.W. FLORIDA NOTICE, INC.

Principal Place of Business:

**P.O. BOX 56
NAPLES FL 33939-0056**

Mailing Address:

**P.O. BOX 56
NAPLES FL 33939-0056**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
03/25/1992

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0341198

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 intangibles tax under S. 199.032,
Florida Statutes. ☐ Yes ☐ No

2. Principal Name of Registered Agent

21 Name of Agent

2a. Mailing Address:

26 Name of Agent

22 City & State

27 City & State

23 Zip

28 Zip

24 City & State

29 City & State

9. Name and Address of Current Registered Agent

**BROWN, DORIS M.
2295 SANDPIPER ST.
NAPLES FL 33962**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 City

84 State

FL

85 Zip Code

11. Pursuant to the provisions of Sections 407.01(2) and 607.15(6), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as 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 607.15(6), Florida Statutes.

SIGNATURE

Signature of Registered Agent (if not the same as the corporation's name)

Signature of Registered Agent (if not the same as the corporation's name)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	P
NAME	BROWN, DORIS M
STREET ADDRESS	2295 SANDPIPER STREET
CITY & STATE	NAPLES FL 33962
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100. NAME	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.01(2)(b), Florida Statutes. I further certify that the information included 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 represented to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on its attachment with an address.

SIGNATURE:

Doris M Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95

(813) 775-2864