

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V36213 (9)

1. Corporation Name

OSWALD, TRIPPE AND COMPANY OF NAPLES, INC.

Principal Place of Business

**13515 BELL TOWER DR
FT MYERS FL 33907**

Mailing Address

**13515 BELL TOWER DR
FT MYERS FL 33907**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/14/1992

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0335291

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**TRIPPE, GARY V
13515 BELL TOWER DR
FT MYERS FL 33907**

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PENDER, JAMES R
STREET ADDRESS	ONE ERIEVIEW PLAZA, SUITE 600
CITY - ST - ZIP	CLEVELAND OH
TITLE	D
NAME	TRIPPE, GARY V
STREET ADDRESS	13515 BELL TOWER DR
CITY - ST - ZIP	FT MYERS FL
TITLE	D
NAME	WEEMS, MARGARET M
STREET ADDRESS	2841 S AIRPORT RD
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	BRACCI, ROBERT A
STREET ADDRESS	ONE ERIEVIEW PLAZA, SUITE 600
CITY - ST - ZIP	CLEVELAND OH
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	o/VP
3.3 STREET ADDRESS	Anderson, Kimberlee A.
3.4 CITY - ST - ZIP	4089 Tamiami Trail N, Ste #203
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	Naples, FL 33940
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/95 **813/433-4535**