

**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

**FILED**  
Feb 09 1996 8:00 am  
Secretary of State

**DOCUMENT # H09683 (4)**

1. Corporation Name  
**BLUEBILL PROPERTY MANAGEMENT AND LEASING CO.**



Principal Place of Business  
26201 HICKORY BLVD., #101  
BONITA SPRING FL 33923  
US

Mailing Address  
26201 HICKORY BLVD., #101  
BONITA SPRING FL 33923  
US

3. Date Incorporated or Qualified <b>06/26/1984</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-2487784</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>4628 Tamiami Trail East</b>	2a. Mailing Address <b>4628 Tamiami Trail East</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State <b>Naples, FL</b>	28. City & State
24. Zip <b>33962</b>	25. Country <b>USA</b>
29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>KILPATRICK, R.E.</b> <b>16650 ISLAND PARK RD., #103</b> <b>FT. MYERS FL 33908</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>V/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CORCELLI, MARY</b>		12 NAME <b>CORCELLI, MARY</b>	
STREET ADDRESS <b>5601 TURTLE NAPLES FL</b>		13 STREET ADDRESS <b>5601 Turtle Bay Dr., # 2201</b>	
CITY-STATE-ZIP <b>ST</b>		14 CITY-STATE-ZIP <b>Naples, FL 33963</b>	
TITLE <b>KILPATRICK, R.E.</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>16650 ISLAND PARK RD.</b>		22 NAME	
STREET ADDRESS <b>FT. MYERS FL</b>		23 STREET ADDRESS	
CITY-STATE-ZIP		24 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME <b>CORCELLI, DONALD N.</b>	
STREET ADDRESS		33 STREET ADDRESS <b>5601 Turtle Bay Dr., # 2201</b>	
CITY-STATE-ZIP		34 CITY-STATE-ZIP <b>Naples, FL 33963</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-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)(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: *R. E. Kilpatrick* **R. E. Kilpatrick** **2/5/96** **(941) 992-6076**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)