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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H09683** (4)  
1. Corporation Name  
**BLUEBILL PROPERTY MANAGEMENT AND LEASING CO.**



Principal Place of Business: **4628 TAMiami TRAIL EAST NAPLES FL 33962 US**  
Mailing Address: **28201 HICKORY BLVD., #101 BONITA SPRING FL 34134-3704 US**

3. Date Incorporated or Qualified: **06/26/1984**  
3a. Date of Last Report: **02/09/1996**  
4. FEI Number: **59-2487784**  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
City & State, Suite, Apt. #, etc., Zip, Country

9. Name and Address of Current Registered Agent  
**KILPATRICK, R.E.  
16650 ISLAND PARK RD., #103  
FT. MYERS FL 33908**

10. Name and Address of New Registered Agent  
81 Name: **DONALD N. CORCELLI**  
82 Street Address (P.O. Box Number is Not Acceptable): **9060 GULF SHORE DR #2201**  
83  
84 City: **NAPLES** FL 85 Zip Code: **34108**

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: *Donald N. Corcelli*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CORCELLI, MARY	
STREET ADDRESS	5601 TURTLE	
CITY-ST-ZIP	NAPLES FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	KILPATRICK, R.E.	
STREET ADDRESS	16650 ISLAND PARK RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORCELLI, DONALD N	
STREET ADDRESS	5601 TURTLE BAY DR 2201	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address

SIGNATURE: *Donald N. Corcelli* 2/23/97 941-597-7302  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)