

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 12, 1999 8:00 am  
Secretary of State

04-12-1999 90004 020 \*\*\*150.00

DOCUMENT # J42154

1. Corporation Name  
ESL OF NAPLES, INC.

Principal Place of Business

32 TURQUOISE AVE  
NAPLES FL 34114  
US

Mailing Address

32 TURQUOISE AVE  
NAPLES FL 34114  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1986

4. FEI Number

59-2742005

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 P.O. Box 990688

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

CARTER, GARNEY E.  
4814 32ND AVE SW  
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name

Patsy B. Carter

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

Patsy B. Carter, Pres. PATSY B. CARTER

4/5/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME CARTER, GARNEY E.  
STREET ADDRESS 4814 32ND AVE SW  
CITY-ST-ZIP NAPLES FL

TITLE VPD ☐ DELETE

NAME HILL, ROBERT L  
STREET ADDRESS 1830 4TH ST. SOUTH  
CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Patsy B. Carter  
1.3 STREET ADDRESS 4814 32nd Avenue S.W.  
1.4 CITY-ST-ZIP Naples, FL 34116

2.1 TITLE C ☐ Change ☒ Addition

2.2 NAME Richard Stallard  
2.3 STREET ADDRESS 202 South Edgewood Road  
2.4 CITY-ST-ZIP Mount Vernon, OH 43050

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Ann Stallard  
3.3 STREET ADDRESS 1231 Fairview Road N.E.  
3.4 CITY-ST-ZIP Atlanta, GA 30306

4.1 TITLE T ☐ Change ☒ Addition

4.2 NAME Charles Jackson  
4.3 STREET ADDRESS P.O. Box 5164  
4.4 CITY-ST-ZIP Ovella, TX 75154

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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patsy B. Carter, President PATSY B. CARTER

Date

4-5-99

Daytime Phone #

941-793-1988

CR2E034 (11/98)