

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

APPROVED AND FILED

05 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **L59749** (6)
1. Corporation Name
F-D ENTERPRISES OF NAPLES, INC.

Principal Name of Registrant: **5900 TAYLOR RD NAPLES FL 33942**
Mailing Address: **5900 TAYLOR RD NAPLES FL 33942**

DO NOT WRITE IN THIS SPACE

2. Principal Name of Registrant		2a. Mailing Address		3. Date of Incorporation or Qualification	3a. Date of Last Report
21		26		03/23/1990	07/06/1994
22		27		4. FEI Number	Applied For
23		28		65-0187263	Not Applicable
24		29		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
30		31		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
32		33		8. This corporation has liability for intangible tax under 5-119.001, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
FENTON, ROBERT F. 5900 TAYLOR ROAD NAPLES FL 33942				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.01(2)(d), Florida Statutes, this at-large named corporation submits this statement for the purposes 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. Thereby, it certifies the appointment as registered agent. I am hereby appointed to accept the obligations of this act 607.01(2)(c), Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS		13. ADDRESS CHANGES TO OFFICERS AND DIRECTORS ONLY	
TITLE	NAME	TITLE	NAME
PD	DAVIS, THOMAS F. 25231 LUCI DR BONITA SPRGS FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VD	DAVIS, DENNIS J. 560 25TH ST. NW NAPLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STD	FENTON, ROBERT F. 5940 SONOMA CT. NAPLES FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 119.07(4)(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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears as Director, Officer, Receiver or Trustee on an attached form with an address.

SIGNATURE:  **ROBERT FENTON** 5-17-95 813-597-6485