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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

S86512

(8)

TOMKAT	ENTERPRISES	ΩE	COLLIER	COHNTY	INC
LOMINAL	CIVIENTINES	VΓ	OULLIEN	COUNTY	INU

Principal Place of Business Mailing Address 2291 QUEENS WAY 2291 QUEENS WAY NAPLES FL 33962 NAPLES FL 33962 3. Date incorporated or Qualified 3a. Date of Last Report 10/10/1991 06/20/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0294875 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAINS, TIMOTHY G Street Address (P.O. Box Number is Not Acceptable) 82 4501 N. TAMIAMI TRAIL SUITE 300 83 NAPLES FL 33940 84 City 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 tifle *applicable [NOTE Registered Agent signature required when reinstating) DATE 12 OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD TITLE DELETE 1.1 THE Change Addition THOMAS M TAYLOR NAME 1.2 NAME 2291 QUEENS WAY STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 14 CITY-S1-7IP TITLE VSD DELETE Addition 2 1 TITLE Change DONNA M TAYLOR NAME 22 NAME 2291 QUEENS WAY STREET ADDRESS 2 3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE Change Addition TIMOTHY G HAINS NAME 3.2 NAME 4501 N TAMIAMI TRAIL, SUITE 300 STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5. 1 TITLE Change Addition NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP TITLE DEL ETE 6 1 TITLE Change | Addition 5.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-7IP 6 4 C-TY-ST-7:P 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 shanged, or on an attachmont with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assident Thomas M. Taylor

5/30/96

CR2E034 (12/95)