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 13, 1999 8:00 am
Secretary of State
04-13-1999 90093 043 ***150.00

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DOCUMENT # M65785

1. Corporation Name
THE NAPLES GROUP, INC.

Principal Place of Business	Mailing Address
378 GOODLETTE RD S NAPLES FL 33940 US	P.O. BOX 783 NAPLES FL 34106 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/19/1988

2. Principal Place of Business	2a. Mailing Address
21 3384 BALBOA CIR W.	26 3384 BALBOA CIR. W.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 NAPLES, FL	City & State 28 NAPLES, FL
Zip 24 34105 Country 25 U.S.	Zip 29 34105 Country 30 U.S.

4. FEI Number: 65-0023906 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

ESTES, PATRICK
6252 S.W. 8TH PLACE
GAINESVILLE FL 32607

10. Name and Address of New Registered Agent

81 Name: BRAD ESTES
82 Street Address (P.O. Box Number is Not Acceptable): 3384 BALBOA CIRCLE W.
83
84 City: NAPLES FL 85 Zip Code: 34105

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: Brad Estes 4/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ESTES, PHYLLIS D.		1.2 NAME	
STREET ADDRESS	3384 BALBOA CIRCLE WEST		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ESTES, BRAD C.		2.2 NAME	
STREET ADDRESS	3384 BALBOA CIRCLE WEST		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	ESTES, PATRICK		3.2 NAME	
STREET ADDRESS	6252 S.W. 8TH PLACE		3.3 STREET ADDRESS	3018 PONCE DE LEON
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	NAPLES, FL 34105
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ESTES, AMY		4.2 NAME	
STREET ADDRESS	3384 BALBOA CIRCLE W.		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Brad Estes BRAD ESTES PRESIDENT 4/9/99 941 564-4089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)