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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 190985**

1. Corporation Name

HOLLAND SALLEY INC

Principal Place of Business   Mailing Address   ST S. NORSESHOE DRIVE   STE. 800   NAPLES FL 33942   S. NORSESHOE DRIVE   STE. 800   NAPLES FL 33942   S. Dots Incorporated or Qualified	Principal Place of Business   Mailing Address   ST & NORSESHOE DRIVE   ST & ST	HULLANI	D SALLET, INC.							
SIE 800 MARES FL 33942 MARES FL 33942 3. Do NOT WRITE IN THIS SPACE  3. Date Incorporated of Qualified  02/16/1956  2. Principal Place of Business 2. A Mailing Address 2. Sulla, Apt. #, etc. 2. Sulla, Apt.	SIE 800 NAPLES FL 33942	Principal Place	of Business	Mailing Address					1811 diğil Bigil alalı	
NAPLES FL 33992  NAPLES FL 33994  NAPLES FL 34001  NASC SALLEY, HOLLAND  NASC SALL	APPLES FL 33992  MAPLES FL 33992  APPLES FL 33994  APPLES FL 34994  APPLES	2975 S. HORSE	SHOE DRIVE	2975 S. HORSESHOE DRIVE						
3. Date Incorporated or Quellied 02/16/1956  2. Principal Place of Business	3. Date Incorporated or Qualifed 02/16/1956 2. Principal Place of Business	STE. 800 STE. 800						DO NOT WRITE IN	THIS SPACE	
2. Principal Place of Business	C2/16/15/65	NAPLES FL 339	42	NAPLES FL 33942					THIS OF AGE	
Principal Place of Business   2a   Mailing Address   4. FEI Number   Applied For   Applied For   South, Apt. #, etc.   Suite, Apt. #, etc.   Scriffcate of Status Desired   Sa.7.5 Additional Fee Required   Sa.7.5 Additi	2. Principal Place of Business   2a, Mailing Address   59-0761340   Not Applied For Not Appl							1 .		ł
South	Suite, Apt. #, etc.  Suite, Ap	2 Driveinal D	lace of Purinces	2a Mailing Address					I A	polied For
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$7   Suite, Apt. #, etc.   \$7   Suite, Apt. #	Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Site   Site	z. Piliicipai Fi	ace of pusifiess	<del></del>					<u> </u>	``
City & State   City	City & State	Suite Ant	# etc	<del></del>			-		\$8.75	Additional
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & Country   Zip	City & State   28	22	,, 5.6.	<b>⊢</b>				5. Certificate of Status Desired	Fee R	equired
Zip	Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip	City & State	e	<del></del>			· · · ·	6. Election Campaign Financing	\$5.00	May Be
Zip   Country   Zip   Country   Zip   Country   Se   This corporation owes the current year Intangible   Property   Pro	Zip   Country   Zip   Country   Zip   Country   Personal Property Tax.   Personal Property Tax			28				Trust Fund Contribution	Added	to Fees
9. Name and Address of Current Registered Agent  SALLEY, HOLLAND T 1661 GALLEON DRIVE NAPLES FL 33940  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code  84 City   FL   85 Zip Code  85 Zip Code  86 City   FL   85 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  82 Sitrest Address (P.O. Box Number is Not Acceptable)  83 Zip Code  84 City   FL   85 Zip Code  84 City   FL   85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip Code  80 Zip Code  80 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  81 Zip Code  82 Zip Code  83 Zip Code  84 City   FL   85 Zip Code  85 Zip Code  86 Zip Code  87 Zip Code  88 Zip Code  88 Zip Code  89 Zip Code  80 Zip C	9. Name and Address of Current Registered Agent  SALLEY, HOLLAND T 1661 GALLEON DRIVE NAPLES FL 33940  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 lite 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 depointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lite 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 depointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lite registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the depointment as registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the depointment as registered agent, or both, in the State of Florida, Such change of the provisions of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lite registered agent, or both in the State of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lite registered agent, or both in the State of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lite registered agent, or both in the State of Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing in the Statement for the purpose of changing in the Statement for the purpose of changing		Country	Zip (	Country	,		8. This corporation owes the current year		_
SALLEY, HOLLAND T 1661 GALLEON DRIVE NAPLES FL 33940  11. Pursuant to the provisions of Sactions 607 0502 and 507 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 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 office or registered accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. GALLEON DR  SALLEY, HOLLAND  16. GALLEON DR  15. REGELADORESS  OTY-ST-ZIP  NAME  TALLMAN, ROBERTA M.  2190 A ANCHORAGE LANE  TALLMAN, ROBERTA M.  2190 A ANCHORAGE LANE  VD  DELETE  31. TITLE  P  DELETE  41. TITLE  ACITY-ST-ZIP  ACITY-ST-ZI	SALLEY, HOLLAND T 1661 GALLEON DRIVE NAPLES FL 33940  87  187  188   Salley   FL   Salley   S	24	25	29 30						∐No
SALLEY, HOLLAND T 1681 GALLEON DRIVE NAPLES FL 33940  11. Pursuant to the provisions of Sections 607.0502 and 507.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS IN 12  TITLE  OFFICERS AND DIRECTORS IN 12  TITLE  C SALLEY, HOLLAND  12 MAKE  1681 GALLEON DR  NAPLES FL  1661 GALLEON DR  NAPLES FL  NAPLES F	SALLEY, HOLLAND T 1661 GALLEON DRIVE NAPLES FL 33940  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE C OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE   C OFFICERS AND DIRECTORS   13. STREET ADDRESS   14. CITY-ST-ZPP   14. CIT		9. Name and Address of Current	t Registered Agent		r		10. Name and Address of New Registe	red Agent	
1661 GALLEON DRIVE NAPLES FL 33940  82   Street Address (P.O. Box Number is Not Acceptable)  83   B4   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, and an accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    12	1681 GALLEON DRIVE NAPLES FL 33940  82   Street Address (P.O. Box Number is Not Acceptable)  83   84   City   FL   85   Zip Code  84   City   FL   85   Zip Code  85   Address (P.O. Box Number is Not Acceptable)  86   City   FL   85   Zip Code  87   City   FL   85   Zip Code  88   City   FL   85   Zip Code  88   City   FL   85   Zip Code  89   City   FL   85   Zip Code  80   City   FL   85   Zip Code  81   City   FL   85   Zip Code  82   City	0411	EV HOLLAND T		81	Na	me			ļ
NAPLES FL 33940    83	NAPLES FL 33940  88   City				82	Str	eet Addre	ss (P.O. Box Number is Not Acceptable)		
### City ### City ### Color 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 ### Si	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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hareby's accept the appointment as registered agent, and familiar with, and accept the obligations of, Section 607,6505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, Speed or periodic raise of registered agent and title if applicable.  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  C SALLEY, HOLLAND  1661 GALLEON DR  158HEET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  POONE DELETE  11 TITLE  VD DELETE  11 TITLE  VD Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDRESS FL  ADDRESS  CITY-ST-ZIP  ADDRESS FL  ADDRESS  CITY-ST-ZIP  ADDRESS  CITY-ST-ZIP  ADDRESS FL  ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES to Analysis are explored when relability to a copyright and relability				L					
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 site! #applicable, (NOTE: Registered Agent signature required when reinstating)   DATE	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 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, and some of 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  C OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  C SALLEY, HOLLAND  12. NAME  12. NAME  13. TITLE  SALLEY, HOLLAND  1661 GALLEON DR  1.3. TITLE  1.3. TITLE  1.3. TITLE  C C Addition  1.4. CITY-ST-ZIP  NAME  1.4. CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.5. TITLE  2.2. NAME  2.2. NAME  2.3. STREET ADDRESS  NAPLES FL  1.4. CITY-ST-ZIP  1.5. TITLE  2.4. CITY-ST-ZIP  1.5. TITLE  2.4. CITY-ST-ZIP  1.5. TITLE  2.5. TITLE  3.6. TITLE  4.4. CITY-ST-ZIP  1.5. TITLE  1.5	NAPI	LES FL 33940		83					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 site! Repolicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	TITLE C GALLEY, HOLLAND STREETADRESS FL HACTIV-ST-ZIP TITLE VD ANNE STREET ADDRESS FL LIGHTLY STEPHEN G SALLEY, STEPHEN G SALLEY GARDAN GARDA				84	Cit	,		85 Zip	Code
office or registered agent, or both, in the State of Honda, Such change was authorized by the corporation's Solid of Unextors. Tribleby accept the applications of Section 607 (5055, Florida Statutes.)  SIGNATURE    12	office or registered agent, or both, in the State of Honda. Such change was authorized by the corporation's board of infections. Thereby accept the appointment as agent. and familiar vite obligations of, Section 607 c9505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registative appent and thir Replicable.   (NOTE: Registative Agent aignature required when reinstative)   DATE									
Signature, typed or primed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DAILE	12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11. ITITLE   C   C   DELETE   1.1 ITITLE   C   C   DELETE   1.3 STREET ADDRESS   1661 GALLEON DR   C   C   DELETE   DEL	office or r agent. I a	enistered agent, or both, in the State (	of Florida. Such change was author	izea ov	tne c	orporation	ns board of directors. I hereby accept the d	appointanent as re	egistered
TITLE   C	TITLE	SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Regist	tered Ager	nt signa	beniuper erut			
NAME SALLEY, HOLLAND 12. NAME 1.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.4 CITY-ST-ZIP NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 2.4 CITY-ST-ZIP NAPLES FL 2.4 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 2.4 CITY-ST-ZIP NAME SALLEY, STEPHEN G 3.2 NAME STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 3.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 3.4 CITY-ST-ZIP NAME RILEY MICHAEL J STREET ADDRESS CITY-ST-ZIP NAME RILEY MICHAEL J STREET ADDRESS CITY-ST-ZIP NAME NAME RILEY MICHAEL J STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	NAME SALLEY, HOLLAND STREET ADDRESS 1661 GALLEON DR 1.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.4 CITY-ST-ZIP NAME TALLMAN, ROBERTA M. STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.2 STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.4 CITY-ST-ZIP NAPLES FL 1.5 CITY-ST-ZIP NAPLES FL 1.6 Change Addition 1.7 Change Addition 1.8 STREET ADDRESS CITY-ST-ZIP NAPLES STRING LK HILLS DR. 3.1 STREET ADDRESS CITY-ST-ZIP NAME SALLEY, STEPHEN G STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.1 TILE Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.2 Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 1.4 CITY-ST-ZIP NAPLES FL 1.4 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	12.					<del></del>	ADDITIONS/CHANGES TO OFFICER		
STREET ADDRESS CITY-ST-ZIP TITLE EVP NAME TALLMAN, ROBERTA M. STREET ADDRESS CITY-ST-ZIP  TITLE VD ANCHORAGE LANE NAME STREET ADDRESS CITY-ST-ZIP  TITLE VD SALLEY, STEPHEN G STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE P ALTAMONTE SPRINGS FL ALTAMORE  NAME RILEY MICHAEL J STREET ADDRESS STREET A	STREET ADDRESS CITY-ST-ZIP NAPLES FL 14 CITY-ST-ZIP TITLE EVP NAME TALLMAN, ROBERTA M. STREET ADDRESS CITY-ST-ZIP NAPLES FL 22 NAME 2190 A ANCHORAGE LANE STREET ADDRESS CITY-ST-ZIP NAME SALLEY, STEPHEN G STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE P NAME SALLEY, STEPHEN G 32 SPRING LK HILLS DR. 33 STREET ADDRESS CITY-ST-ZIP TITLE P NAME RILEY MICHAEL J STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE P NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS ST	TITLE	-	☐ DELETE 1	.1 TITLE				Change	☐ Addition
CITY-ST-ZIP	TITLE   EVP   DELETE   14 CITY-ST-ZIP   Change   Addition	NAME		1	.2 NAME					
TITLE	TITLE NAME TALLMAN, ROBERTA M. STREET ADDRESS CITY-ST-ZIP TITLE VD NAME SALLEY, STEPHEN G STREET ADDRESS CITY-ST-ZIP TITLE NAME RILEY MICHAEL J STREET ADDRESS CITY-ST-ZIP TITLE NAME RILEY MICHAEL J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET	STREET ADDRESS		1	.3 STREE	TADDR	ESS			1
TALLMAN, ROBERTA M.  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  TITLE  VD  STREET ADDRESS  CITY-ST-ZIP  NAME  SALLEY, STEPHEN G  STREET ADDRESS  CITY-ST-ZIP  ALTAMONTE SPRINGS FL  TITLE  P  MAME  RILEY MICHAEL J  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  DELETE  4.1 TITLE  NAME  RILEY MICHAEL J  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  DELETE  4.2 NAME  4.3 STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  DELETE  5.1 TITLE  NAME  SITULE  NAME  DELETE  5.1 TITLE  NAME  SITULE  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Addition  Change  Ch	TITLE NAME TALLMAN, ROBERTA M.  STREET ADDRESS 2190 A ANCHORAGE LANE CITY-ST-ZIP TITLE VD NAME SALLEY, STEPHEN G STREET ADDRESS 225 SPRING LK HILLS DR. CITY-ST-ZIP TITLE P ALTAMONTE SPRINGS FL TITLE NAME RILEY MICHAEL J STREET ADDRESS CITY-ST-ZIP TITLE NAME RILEY MICHAEL J STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREE	CITY-ST-ZIP				ST-ZIP		<del></del>	Change	☐ Addition
STREET ADDRESS   2190 A ANCHORAGE LANE   2.3 STREET ADDRESS   NAPLES FL   2.4 CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE VD NAME SALLEY, STEPHEN G STREET ADDRESS CITY-ST-ZIP  TITLE P ALTAMONTE SPRINGS FL  TITLE P NAME RILEY MICHAEL J STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE P ALTAMONTE SPRINGS FL  TITLE P ALTAMONTE SPRINGS FL  TITLE ALTAMONTE SPRINGS FL  TITLE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS CITY-ST-ZIP  TOTALING STREET ADDRESS CITY-ST-ZIP  TOTALING STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-	TITLE	<b>-</b> · ·	DELETE 2	2.1 TITLE		}		[] Cuange	☐ Addition
CITY-ST-ZIP         NAPLES FL         2.4 CITY-ST-ZIP           TITLE         VD         DELETE         3.1 TITLE         Change         Addition           NAME         SALLEY, STEPHEN G         32 NAME         32 NAME         33 STREET ADDRESS           STREET ADDRESS         ALTAMONTE SPRINGS FL         3.4 CITY-ST-ZIP  <	CITY-ST-ZIP  NAPLES FL  VD  DELETE  3.1 TITLE  NAME  SALLEY, STEPHEN G  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  ALTAMONTE SPRINGS FL  3.4 CITY-ST-ZIP  ALTAMONTE SPRINGS FL  3.4 CITY-ST-ZIP  ALTAMONTE SPRINGS FL  4.1 TITLE  P  NAME  RILEY MICHAEL J  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  DELETE  4.4 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  DELETE  5.1 TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  NAPLES FL  Change Addition  Addition  Change Addition	NAME		2	2.2 NAME					
TITLE   VD	TITLE VD DELETE 3.1 TITLE  NAME SALLEY, STEPHEN G  STREET ADDRESS CITY- ST-ZIP  ALTAMONTE SPRINGS FL  TITLE  P  NAME STREET ADDRESS CITY- ST-ZIP  NAME STREET ADDRESS CITY- ST-ZIP  NAPLES FL  DELETE  4.1 TITLE  4.2 NAME 4.3 STREET ADDRESS CITY- ST-ZIP  TITLE  NAPLES FL  DELETE  5.1 TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  TITLE  NAME  STREET ADDRESS CITY- ST-ZIP  TO DELETE  S.3 STREET ADDRESS CITY- ST-ZIP  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Addition  Change  Addition  Change  Addition  Change  Addition  Change  Addition	STREET ADDRESS		2	3 STREE	TADDR	ESS			·
NAME	NAME SALLEY, STEPHEN G STREET ADDRESS CITY- ST-ZIP ALTAMONTE SPRINGS FL  TITLE P RILEY MICHAEL J STREET ADDRESS CITY- ST-ZIP NAPLES FL  TITLE DELETE AL TITLE STREET ADDRESS CITY- ST-ZIP NAPLES FL  DELETE STREET ADDRESS CITY- ST-ZIP  TITLE STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS CITY- ST-ZIP STREET AD	CITY-ST-ZIP				ST-ZIP			Chanca	☐ Addition
STREET ADDRESS   235 SPRING LK HILLS DR.   33 STREET ADDRESS   ALTAMONTE SPRINGS FL   34. CITY-ST-ZIP     TITLE   Change   Addition   Additio	STREET ADDRESS CITY- ST-ZIP ALTAMONTE SPRINGS FL 3.4 CITY- ST-ZIP TITLE P NAME RILEY MICHAEL J STREET ADDRESS CITY- ST-ZIP NAPLES FL 1.1 TILE NAME STREET ADDRESS CITY- ST-ZIP NAPLES FL 1.2 NAME STREET ADDRESS CITY- ST-ZIP NAPLES FL 1.3 STREET ADDRESS CITY- ST-ZIP NAME STREET ADDRESS CITY- ST-ZIP NAME STREET ADDRESS CITY- ST-ZIP STREET ADDRESS CITY- ST-ZIP Change Addition	TITLE	1 - =						□ cuange	L. Addition
CITY-ST-ZIP	ALTAMONTE SPRINGS FL   3.4. CITY-ST-ZIP	NAME							·	- · -
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NAME   RILEY MICHAEL J   4.2 NAME	NAME RILEY MICHAEL J 4.2 NAME STREET ADDRESS CITY-ST-ZIP NAPLES FL 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME STREET ADDRESS CITY-ST-ZIP 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP  Change Addition  Change Addition	CITY-ST-ZIP				ST-ZIP			Change	noition
STREET ADDRESS CITY- ST-ZIP  TITLE NAME  8024 SAN SIMEON WAY A3 STREET ADDRESS 4.4 CITY-ST-ZIP  4.4 CITY-ST-ZIP  5.1 TITLE 5.2 NAME  Addition 5.2 NAME	STREET ADDRESS   8024 SAN SIMEON WAY   43 STREET ADDRESS	TITLE	I = -						Change	
CITY-ST-ZIP         NAPLES FL         4.4 CITY-ST-ZIP           TITLE         DELETE         5.1 TITLE           NAME         52 NAME	City-St-ZiP	NAME								
TITLE DELETE 5.1 TITLE Change Addition  NAME 5.2 NAME	TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME           STREET ADDRESS         5.3 STREET ADDRESS           CITY- ST-ZIP         54 CITY- ST-ZIP         Change         Addition	STREET ADDRESS					ESS			
NAME 52 NAME	NAME     52 NAME     52 NAME     52 NAME     53 STREET ADDRESS     53 STREET ADDRESS     54 CITY-ST-ZIP       54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP     54 CITY-ST-ZIP       54 CITY-ST-ZIP       54 CITY-ST-ZIP	CITY-ST-ZIP	NAPLES FL			ST-ZIP	_		Change	☐ Addition
NAME	STREET ADDRESS  5.3 STREET ADDRESS  CITY-ST-ZIP  5.4 CITY-ST-ZIP  Change Addition	TITLE							onlange	
■ £ 1 QTDEET ADDOCCC I	CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition					T ADDO	E66			
STREET ADDRESS	Change Addition									:
UTY-ST-ZIP						3 ( - ZIF	<del></del>		☐ Change	Addition
	TITLE S 2 MANUE									
THE SO MAKE		NAME					FSS			
THE SO MAKE	NAME:	OWNER LODGES		f	6.3 STREE	T ADDR	ESS			

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.

6.4 CITY-ST-ZIP

STREET ADDRESS

Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90125 023 \*\*\*150.00