**PROFIT** CORPORATION ANNUAL REPORT

1999

NAPLES DODGE, INC.

Principal Place of Business 6381 AIRPORT RD NORTH NAPLES FL 34109

2. Principal Place of Business

JONATHAN R. MYERS 6220 CYPRESS HOLLOW WAY

NAPLES FL 33964

Suite, Apt. #, etc.

City & State

21

22

23 Zip

24

DOCUMENT # 282712

1. Corporation Name



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90064 009 \*\*\*150.00

## <u>. 1808/10 1700/ 1911/ 1881/ 1880/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/ 1881/</u>

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Business Mailing Address										
NORTH	6381 AIRPORT ROAD N	NORTH								
	NAPLES FL 34109 US				DO NOT WRITE IN THIS SPACE					
					3. Date Incorporated or Qualifed					
					06/24/1964					
e of Business	2a. Mailing Address				4. FEI Number		Applied For			
	26				59-1055644		Not Applicable			
etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
	City & State				6. Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees			
Country 25	Zip 29	Country 30			This corporation owes the current year Interest Personal Property Tax.	tangible Yes	. □No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent							
HAND MYEDO			81	Name						
HAN R. MYERS CYPRESS HOLLOW WAY		82 Street A			ress (P.O. Box Number is Not Acceptable)	_				
S FL 33964			83							
			0.4	Cit		0.5	Zin 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO	FFICERS AND DIRECTORS IN 12							
TITLE	Р	☐ DELETE	1.1 TITLE		Change	Addition					
NAME	MYERS, JONATHAN R.		1.2 NAME			i					
STREET ADDRESS	6220 CYPRESS HOLLOW WAY		1.3 STREET ADDRESS			\					
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP								
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition					
NAME	MYERS, TOM R.		2.2 NAME			Į					
STREET ADDRESS	5761 14TH AVENUE NW		2.3 STREET ADDRESS	•							
CITY-ST-ZIP	NAPLE FL		2. 4 CITY-ST-ZIP								
TITLE	D	☐ DELETE	3.1 TITLE	´	Change	Addition					
NAME	MYERS, RICHARD C.		3.2 NAME								
STREET ADDRESS	12888 BALD CYPRESS LANE		3.3 STREET ADDRESS			ļ					
CITY-ST-ZIP	NAPLES FL		3.4. CITY-ST-ZIP								
TITLE	S	☐ DELETE	4.1 TITLE		Change	Addition					
NAME	MYERS, ETHEL M.		4. 2 NAME								
STREET ADDRESS	12888 BALD CYPRESS LANE		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		•	į					
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			ĺ					
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP	34 11 5		6.4 CITY-ST-ZIP	Cartian 110 07/2)(i) Florida Ptatu	I F all a self-all at the all-	<u> </u>					

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 second 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 corolation or the reference 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 apachment with an address, with all other like empowered. 14. I hereby certify that the information supplied with this filing does

SIGNATURE:

FICER OR DIRECTOR