FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Saridra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (2)339651 **DOCUMENT #** THE MOLE HOLE OF NAPLES, INC. Mailing Address Principal Place of Business 1201-3RD ST SOUTH 1201-3RD ST SOUTH P.O. BOX 1385 P.O. BOX 1385 NAPLES FL 33939 NAPLES FL 33939 3a. Date of Last Recort 03/16/1995 3. Date Incorporated or Qualified 12/31/1968 Applied For 2a. Mailing Address 59-1226391 2. Principal Place of Business Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Γ Suite, Apt. #, etc. Fee Required 6. Flection Campaign Financing \$5.00 May Be City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Country $Z_{\rm IO}$ Yes No Florida Statutes 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Nana Street Address (P.O. Box Number is Not Acceptable) POLLIO, RALPH A 82 660 14TH AVE SO. 83 NAPLES FL 33940 Zip Code 85 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607,0506, Florida Statutes. SIGNATURE Signature: Speed or printed nation of rejectional sign in and the itrapped able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS Addition 12. Change DELETE TITLE HARRIS, JACK D 1.2 NAME NAME 660 14TH AVENUE SOUTH 1.3 STRULL ADDRESS STREET ADDRESS NAPLES FL 1.4 CiTY - ST- ZiP ____ Addition CITY-ST-ZIP ☐ Change DELFTE **VST** 2.1 TVLF TITLE POLLIO, RALPH A 22 KAME NAME 660 14TH AVENUE SOUTH 2.3 STREET ADDRESS STREET ADORESS NAPLES FL 2.4 CITY - S1 - ZIP ☐ Addition CITY-ST-ZIP Change DELETE 3 1 1111 8 TITLE HARRIS, DOROTHY 3.2 NAME NAME % 1201 - 3RD ST. SOUTH 3.3. STREET ADDRESS STREET ADDRESS NAPLES FL 3.4 CHY-ST 76 Change CITY-ST-ZIP Add tion T DELFTE 4 1 Tales TITLE 4.2 NAME

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 changed, or on an attachment with an address 6.4 City - \$1 - Zif

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TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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4/5/96

Change

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