FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **371338** **(5)**

1. Corporation Name
NAPLES MOBILE ESTATES, INC.

Principal Place of Business
P.O. BOX 2062
4763 W. ALHAMBRA CIR
NAPLES FL 33939
US

Mailing Address
C/O SHIRLEY S. BECK
P.O. BOX 2062
NAPLES FL 33940
US

3. Date Incorporated or Qualified: 10/16/1970
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-1311621 ☐ Applied For ☐ Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 —
Suite, Apt. #, etc. 22 —
City & State 23 —
Zip 24 — Country 25 —

2a. Mailing Address
26 —
Suite, Apt. #, etc. 27 —
City & State 28 —
Zip 29 — Country 30 —

9. **Name and Address of Current Registered Agent**
BECK, SHIRLEY S.
4763 W ALHAMBRA CIR
NAPLES FL 33940

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS

	12. Officers and Directors	Delete
Title / Name / Street Address / City-St-Zip	D TURNER, WINFORD REPUBLIC ROAD NAPLES FL	☒ DELETE
Title / Name / Street Address / City-St-Zip	D TARVIN, RINALD K 2523 CLIPPER WAY NAPLES FL	☒ DELETE
Title / Name / Street Address / City-St-Zip	PD JACKSON, SHARLANE B. P. O. BOX 2062 N/A NAPLES FL	☐ DELETE
Title / Name / Street Address / City-St-Zip	S BECK, SHIRLEY P. O. BOX 2062 N/A NAPLES FL	☐ DELETE
Title / Name / Street Address / City-St-Zip	D WILSON, ELEANOR 5 CLUB ROAD BALTIMORE MD	☒ DELETE
Title / Name / Street Address / City-St-Zip		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	13. Additions/Changes	Change	Addition
1.1 Title / 1.2 Name / 1.3 Street Address / 1.4 City-St-Zip	Mark DeForest Beck 10053 WestPark Unit 330 Houston TX 77042	☐	☐
2.1 Title / 2.2 Name / 2.3 Street Address / 2.4 City-St-Zip	Jonathan Jackson 4443 Lorrlane Ave Naples FL 33942	☐	☐
3.1 Title / 3.2 Name / 3.3 Street Address / 3.4 City-St-Zip		☐	☐
4.1 Title / 4.2 Name / 4.3 Street Address / 4.4 City-St-Zip		☐	☐
5.1 Title / 5.2 Name / 5.3 Street Address / 5.4 City-St-Zip	Alison Jackson 4443 Lorraine Ave Naples FL 33942	☐	☐
6.1 Title / 6.2 Name / 6.3 Street Address / 6.4 City-St-Zip		☐	☐

CR2E034 (12/95)

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.

SIGNATURE: ✓ Shirley S. Beck   Shirley S. Beck   ✓ Feb 1/96   (941)435-0413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #