

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 421796

(4)

1. Corporation Name

NAPLES FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

LEGAL DIVISION

P.O. BOX 2080

JACKSONVILLE FL 32231-0010

LEGAL DIVISION

P.O. BOX 2080

JACKSONVILLE FL 32231-0010

97 AUG 20 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1973

3a. Date of Last Report

05/01/1996

4. FEI Number

59-1462425

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

100002273831-3

-08/21/97-01087-006

***376.75 FL ***376.75

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 OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MITCHELL, JOHN A III
STREET ADDRESS 225 WATER STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ DELETE

1.1 TITLE D
1.2 NAME HODNETT, BYRON E.
1.3 STREET ADDRESS 225 WATER STREET
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

☐ Change

☒ Addition

TITLE D
NAME WERTS, LARRY J
STREET ADDRESS 225 WATER STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

☐ DELETE

2.1 TITLE V
2.2 NAME HOWARD, LAURENCE W. III
2.3 STREET ADDRESS 225 WATER STREET
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32202

☐ Change

☒ Addition

TITLE D
NAME THOMPSON, KENNEDY G.
STREET ADDRESS 225 WATER STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

☒ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE S
NAME MILLER, JERRY M
STREET ADDRESS 301 S COLLEGE ST
CITY-ST-ZIP CHARLOTTE NC 28288

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do 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.

SIGNATURE

SIGNATURE REQUIRED

HOWARD W. HOWARD III

(904) 361-3651

CR2E034 (4/97)