

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 421796

1. Corporation Name  
NAPLES FINANCIAL SERVICES, INC.

Principal Place of Business  
LEGAL DIVISION  
P.O. BOX 2090  
JACKSONVILLE FL 32231-0010

Mailing Address  
LEGAL DIVISION  
P.O. BOX 2080  
JACKSONVILLE FL 32231-0010

FILED

99 JAN 14 PM 1:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1201 Hays Street		26 1201 Hays Street		03/22/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 105		27 Suite 105		59-1462425	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Tallahassee, Florida		28 Tallahassee, Florida		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 32301		29 32301		30	

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
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

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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Sr. Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, JOHN A III	1.2 NAME	Robert L. Andersen
STREET ADDRESS	225 WATER STREET	1.3 STREET ADDRESS	301 South College Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERTS, LARRY J	2.2 NAME	Marion A. Cowell, Jr.
STREET ADDRESS	225 WATER STREET	2.3 STREET ADDRESS	301 South College Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	2.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HODNETT, BYRON E	3.2 NAME	Edward E. Cruthfield
STREET ADDRESS	225 WATER STREET	3.3 STREET ADDRESS	301 South College Street
CITY-ST-ZIP	JACKSONVILLE FL 32202	3.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, JERRY M	4.2 NAME	John R. Georgius
STREET ADDRESS	301 S COLLEGE ST	4.3 STREET ADDRESS	301 South College Street
CITY-ST-ZIP	CHARLOTTE NC 28288	4.4 CITY-ST-ZIP	Charlotte, NC 28288-0630
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, LAURENCE W III	5.2 NAME	
STREET ADDRESS	225 WATER STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Robert L. Andersen

1/13/99

704-374-6611

CR2E034 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 099349 167868A

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : January 14, 1999

ORDER TIME : 10:55 AM

ORDER NO. : 099349-005

CUSTOMER NO: 167868A

CUSTOMER: Beverly Jackson, Legal Asst  
First Union Corporation  
One First Union Ctr  
Legal Dept. - 31st Floor  
Charlotte, NC 28288

ANNUAL REPORT FILING

NAME: NAPLES FINANCIAL SERVICES,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
99 JAN 14 PM 12:08  
DIVISION OF CORPORATION