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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

NAPLES DEVELOPMENT CO.

FILED Jan 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 121 LAFAYETTE AVE. 121 LAFAYETTE AVE. LEXINGTON KY 40502 LEXINGTON KY 40502 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/07/1973 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 62-0912777 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SANDERS, DESHA N., JR. 180 CHANNEL DRIVE Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33963-9142 83 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE Change VD SANDERS, DESHA N. NAME 1.2 NAME **180 CHANNEL DRIVE** STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition SMITH, MARY E. NAME 22 NAME 1809 DALNA DR. STREET ADDRESS 2.3 STREET ADDRESS LEXINGTON KY CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition SMITH, MARY E. NAME 3.2 NAME 1809 DALNA DR. STREET ADDRESS 3.3 STREET ADDRESS LEXINGTON KY CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE P Addition 4.1 TITLE SANDERS, GAYLE S 4. 2 NAME 15 PADDINGTON COURT STREET ADDRESS 4.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE Addition 6.1 TITLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 or an attachment with an address.

SIGNATURE:

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