

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

**FILED**  
**Feb 06, 1999 8:00am**  
**Secretary of State**

02-06-1999 90010 019 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 432485

1. Corporation Name  
**NAPLES DEVELOPMENT CO.**

Principal Place of Business

121 LAFAYETTE AVE.  
LEXINGTON KY 40502

Mailing Address

121 LAFAYETTE AVE.  
LEXINGTON KY 40502

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/07/1973

4. FEI Number

62-0912777

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SANDERS, DESHA N., JR.  
180 CHANNEL DRIVE  
NAPLES FL 33963-9142

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME VD  
STREET ADDRESS SANDERS, DESHA N.  
CITY-ST-ZIP 180 CHANNEL DRIVE  
NAPLES FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SMITH, MARY E.  
CITY-ST-ZIP 1809 DALNA DR.  
LEXINGTON KY

TITLE ☐ DELETE  
NAME ST  
STREET ADDRESS SMITH, MARY E.  
CITY-ST-ZIP 1809 DALNA DR.  
LEXINGTON KY

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS SANDERS, GAYLE S  
CITY-ST-ZIP 15 PADDINGTON COURT  
NAPLES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/99

Daytime Phone #

CR2E034 (1/98)