

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565640

(0)

1. Corporation Name

BLUEBILL PROPERTIES, INC.

Principal Place of Business

9060 GULF SHORE DR
NAPLES FL 33941

Mailing Address

26201 HICKORY BLVD.
BONITE SPRINGS FL 33923
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1978

3a. Date of Last Report

03/28/1994

4. FEI Number

59-1997785

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

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

KILPATRICK, R E
16650 ISLAND PARK RD #103
FT MYERS FL 33908

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 of Registered Agent, Robert E. Kilpatrick, must be typed below)

(Signature of New Registered Agent, if applicable, must be typed below)

Date

12. OFFICERS AND DIRECTORS

12.1 NAME	DP
12.2 STREET ADDRESS	CORCELLI, DONALD
12.3 CITY, ST, ZIP	5601 CRAYTON RD #2201 NAPLES FL
12.4 NAME	VS
12.5 STREET ADDRESS	KILPATRICK, ROBERT E
12.6 CITY, ST, ZIP	16650 ISLAND PK RD #103 FT. MYERS FL
12.7 NAME	V
12.8 STREET ADDRESS	CORCELLI, MARY
12.9 CITY, ST, ZIP	5601 TURTLE BAY DR NAPLES FL
12.10 NAME	V
12.11 STREET ADDRESS	MADSEN, GILDA
12.12 CITY, ST, ZIP	10301 REGENT CIR NAPLES FL
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	
12.16 NAME	
12.17 STREET ADDRESS	
12.18 CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	
13.17 NAME	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

Delete - deceased

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 119.02(3)(b), Florida Statutes. I further certify that the information included 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:

R. E. Kilpatrick

R. E. Kilpatrick

4-27-95

(813) 992-6076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR