

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Shirley B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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**

3. Date Incorporated or Qualified: **01/24/1978**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1997785**  
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** State: Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

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 607.002 and 607.1506, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

DP	<b>CORCELLI, DONALD</b>	<input type="checkbox"/> DELETE
NAME:	<b>5601 CRAYTON RD #2201</b>	
STREET ADDRESS:	<b>NAPLES FL</b>	
CITY-STATE:	<b>VS</b>	
ZIP:	<b>KILPATRICK, ROBERT E</b>	<input type="checkbox"/> DELETE
NAME:	<b>16650 ISLAND PK RD #103</b>	
STREET ADDRESS:	<b>FT. MYERS FL</b>	
CITY-STATE:	<b>V</b>	<input type="checkbox"/> DELETE
ZIP:	<b>CORCELLI, MARY</b>	
NAME:	<b>5601 TURTLE BAY DR</b>	
STREET ADDRESS:	<b>NAPLES FL</b>	
CITY-STATE:	<b>V</b>	<input checked="" type="checkbox"/> DELETE
ZIP:	<b>MADSEN, GILDA</b>	
NAME:	<b>10301 REGENT CIR</b>	
STREET ADDRESS:	<b>NAPLES FL</b>	
CITY-STATE:		<input type="checkbox"/> DELETE
ZIP:		
NAME:		<input type="checkbox"/> DELETE
STREET ADDRESS:		
CITY-STATE:		
ZIP:		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME:	
13 STREET ADDRESS:	
14 CITY-STATE-ZIP:	
21 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME:	
23 STREET ADDRESS:	
24 CITY-STATE-ZIP:	
31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME:	
33 STREET ADDRESS:	
34 CITY-STATE-ZIP:	
41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME:	
43 STREET ADDRESS:	
44 CITY-STATE-ZIP:	
51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME:	
53 STREET ADDRESS:	
54 CITY-STATE-ZIP:	
61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME:	
63 STREET ADDRESS:	
64 CITY-STATE-ZIP:	

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 119.07(3)(k), 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: *R. E. Kilpatrick* **R. E. Kilpatrick** 2/5/96 (94) 992-2525  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF FILING

CR2E034 (12/95)