

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 605800 (2)

1. Corporation Name

JOHN B. NAUGHTON, INC.



Principal Place of Business

**3001 WEST GULF DRIVE #2
SANIBEL ISLAND FL 33957**

Mailing Address

**3001 WEST GULF DRIVE #2
SANIBEL ISLAND FL 33957**

3. Date Incorporated or Qualified

01/02/1979

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **3699 W. Gulf Drive**

26 **3699 W. Gulf Drive**

4. FEI Number

59-2463064

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Sanibel Island, FL**

City & State

28 **SANIBEL ISLAND, FL**

Zip

24 **33957**

Country

25 **USA**

Zip

29 **33957**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NAUGHTON, JOHN B., SR.
3001 WEST GULF DRIVE #2
SANIBEL ISLAND FL 33957**

81 Name **KEVIN J. NAUGHTON**

82 Street Address (P.O. Box Number is Not Acceptable)

3699 WEST GULF DRIVE

83

84 City **SANIBEL ISLAND FL**

85 Zip Code

33957

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **P NAUGHTON, KEVIN J.**
STREET ADDRESS **3699 W. GULF DRIVE**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE ☐ DELETE

NAME **ST NAUGHTON, MARGUERITE K.**
STREET ADDRESS **3699 W. GULF DRIVE**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE ☐ DELETE

NAME **V NAUGHTON, JOHN B.**
STREET ADDRESS **3699 W. GULF DRIVE**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE ☐ DELETE

NAME **V NAUGHTON, MICHAEL D.**
STREET ADDRESS **3699 W. GULF DRIVE**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE ☐ DELETE

NAME **V NAUGHTON, BRIAN P.**
STREET ADDRESS **3699 W. GULF DRIVE**
CITY-ST-ZIP **SANIBEL ISLAND FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/96

(800) 238 7249

CR2E034 (12/95)