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

PROFIT CORPORATION ANNUAL REPORT



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

1996 618008 **DOCUMENT #**

(7)

GORDY'S OF NAPIES, INC.

GOID	1 0 01 1011 22	.0, 1110										
Principal Place	of Business		M	ailing Address					f 120110 Q11Q1 113Q1 1Q111 QQ111 QQ11	4819 A1011 A1011 A1011	, pipili	41811 91911 1981
11238 TAMIAMI TRIAL E. NAPLES FL 33962			11238 TAMIAMI TRIAL E. NAPLES FL 33962									
									 Date Incorporated or Qualified 04/19/1979 	3a. Date of La 04/19		
2. Principal Pla	ce of Business		2a.	Mailing Address					4. FEI Number			Applied For
21				26					59-1903252 Not Applicab			
Suite, Apt. #	#, etc.		27	Suite, Apt. #, etc.	- -		 		5. Certificate of Status Desired	1 1 7 7		Additional Required
City & State				City & State					6. Election Campaign Financing			0 Мау Ве
23		· · · · · · · · · · · · · · · · · · ·	28					\perp	Trust Fund Contribution			d to Fees
Zip	25	untry	29	Zip	30	country			 This corporation has liability for in Florida Statutes Yes 	ritangible tax und	Jer S	199.032,
24		ddress of Current		tered Agent	30	1		1	0. Name and Address of New R		ıt	
						81	Name	• • •		<u> </u>		
	JOHN K					82	Street Addr	fress	(P.O. Box Number is Not Acceptable	le)		
	amiami trial e.	ı							·	·		
NAPLES	FL 33962					83						
						84	City			FL 85	Zıç	Code
or register familiar wit	ed agent, or both, in th, and accept the c	n the State of Florida Ibligations of, Section	a. Sucl in 607	h change was authorize .0505, Florida Statutes.	s, the a ed by th	bove-r e corp	named corpor oration's boa	oration ard o	n submits this statement for the purp f directors. I hereby accept the appo	pose of changing pintment as regis	j its re tered	egistered office agent. I am
SIGNATURE _	Signature typed or printed	name of registered agent a	nd tide if	ary leable. (NOT	E Registe	red Agen	it signature require	ed whe		DATE:		
12.		OFFICERS AND	DIREC	510h3	13	·			ADDITIONS/CHANGES TO OFFI			
TITLE	P CODDY ION	N P		☐ DELETE		1 TITLE				☐ Ch	ange	Addition
NAME	GORDY, JOH 11238 TAMIA				1	2 NAME						
STREET ADDRESS	NAPLES FL 3				1		ADDRESS					
CITY-ST-ZIP TITLE	VP VP	030E	<u> </u>	DELETE		4 CITY - S 1 TITLE	T- ZIP			∏ Ch	anne	[] Addition
NAME	GORDY, NEV	ADA L		CI Section		2 NAME				_ U	50	had
STREET ADDRESS	11238 TAMIA						ADDRESS					
CITY-ST-ZIP	NAPLES FL 3					4 CITY - S						
TITLE			<u> </u>	☐ DELETE		1 TITLE				☐ Ch	ange	Addition
NAME					3	2 name			•			
STREET ADDRESS					3 3	3 STREET	I ADDRESS					
CITY-ST-ZIP					3 4	4 CITY - S	1 - ZIP					
TITLE				☐ DEFELE		1 TITLE				☐ Ch	ange	☐ Addition
NAME						2 NAME						
STREET ADDRESS					- 6		ADDRESS					
CITY - ST - ZIP				T] DELETE		4 CITY-S 1 TITLE	SI-ZIP			[] Ch	ange	Addition
NAME						2 NAME					J. Igo	
STREET ADDRESS							ADDRESS					
CITY-S1-ZIP						4 CHY-S						

64 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.

6. 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

CITY-S1-ZIP

STREET ADDRESS

TITLE

NAME

OR DIRECTOR

DELETE

4-15-96 991-774-3707

☐ Change ☐ Addition