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

DOCUMENT # 618008

1. Corporation Name

	S OF NAPLES, INC.						
Principal Place of Business Mailing Address							
11238 TAMIAMI TRIAL E. 11238 TAMIAMI TRIAL E. NAPLES FL 33962 NAPLES FL 33962					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					04/19/1979		
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
21					59-1903252		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional Required
City & Stat	re	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution	1	ed to Fees
Zip Zip Zip Zip Zip 29 34//3 30 9. Name and Address of Current Registered Agent					This corporation owes the current Personal Property Tax.	year Intangible	D2No
				10. Name and Address of New Registered Agent			
3. Italile and Address of Other Registered Agent				Name			
GORDY, JOHN K				C1	ess (P.O. Box Number is Not Acceptable		
11238 TAMIAMI TRIAL E.			82	Street Addr	ess (P.O. Box Number is Not Acceptable	,	
NAPLES FL 33962			83				
			84	City		FL 85 2	2 Code 2
office or r	registered agent, or both, in the State am familiar with, and accept the obliga-	e of Florida. Such change was au ations of, Section 607.0505, Flori	tnorized by ida Statutes	the corporation.	oration submits this statement for the pur on's board of directors. I hereby accept th	pose of changing e appointment a	s registered
	Signature, typed or printed name of registered age		Registered Ager	nt signature require	ADDITIONS/CHANGES TO OFFICE		CTORS IN 12
12.		ND DIRECTORS DELETE	11 TITLE		ABBITIONS/OTIAITOES TO OT TO		ge Addition
TITLE	· F		1.2 NAME				ı –
NAME	GORDY, JOHN K		1.3 STREET ADDRESS				
STREET ADDRESS	1						
CITY-ST-ZIP	NAPLES FL 33962		1.4 CITY-ST-ZIP 2.1 TITLE			Char	ge [] Addition
TITLE	VP DELETE						.g
NAME	GORDY, NEVADA L		2.2 NAME		·		
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	144 PLO 1 C 0000C		2, 4 CITY-5	ST- ZIP		☐ Char	nge Addition
TITLE	į.	☐ DELETE	31 TITLE				ige Li Addison I
NAME			3,2 NAME				
STREET ADDRESS	;		3,3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST- ZIP			Addition
TITLE	1	☐ DELETE	4.1 TITLE	Į.		Char	nge
NAME			4, 2 NAME			-	· ·
STREET ADDRESS	5		4 3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZiP		100	
TITLE		☐ DELETE	5.1 TITLE	1		☐ Chai	nge 🗌 Addition
NAME			5.2 NAME			•	
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY ST 7IP	1		5.4 CITY-S	T-ZIP			

14. 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90247 040 ***150.00