

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED  
AND  
FILED

96 SEP -6 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1996 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # **649381** (1)  
1. Corporation Name  
**THE NAPLES CORPORATION**

|   |   |
|---|---|
| Principal Place of Business<br><b>2145 COACH HOUSE LANE<br/>NAPLES FL 33942</b> | Mailing Address<br><b>2145 COACH HOUSE LANE<br/>NAPLES FL 33942</b> |
|---|---|

|   |  |    |
|---|--|----|
| 2. Principal Place of Business<br>21 Suite, Apt #, etc<br>22 City & State<br>23 Zip Country<br>24 | 2a. Mailing Address<br>26 Suite, Apt #, etc<br>27 City & State<br>28 Zip Country<br>29 | 30 |
|---|--|----|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>12/26/1979</b>  | 3a. Date of Last Report<br><b>04/10/1995</b> |
| 4. FEI Number<br><b>59-1958877</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**HOLLERAN, CHARLES BRENT  
705 REGATTA ROAD  
NAPLES FL 33940**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 type the 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                      | PT                           | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Add Item                   |
| NAME                       | <b>COMBS, ELHANON</b>        | 1.2 NAME  |   |
| STREET ADDRESS             | <b>2145 COACH HOUSE LANE</b> | 1.3 STREET ADDRESS                                    | <b>900001950799</b>   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>             | 1.4 CITY-ST-ZIP                                       | <b>-09/18/96--01088--003</b>  |
| TITLE                      | VPS                          | 2.1 TITLE   | <b>****375.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COMBS, SANDRA</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>2145 COACH HOUSE LANE</b> | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NAPLES FL</b>             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                              | 3.2 NAME  |   |
| STREET ADDRESS             |                              | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                              | 4.2 NAME  |   |
| STREET ADDRESS             |                              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                              | 5.2 NAME  |   |
| STREET ADDRESS             |                              | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                   |
| NAME                       |                              | 6.2 NAME  |   |
| STREET ADDRESS             |                              | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                              | 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)(c), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra S. Combs* **SANDRA S. COMBS** 9-4-96 394-6383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)