

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 29 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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



DOCUMENT # 654355

(7)

1. Corporation Name

~~MONAGO, CARDILLO, & KEITH, P.A.~~
CARDILLO, KEITH & BONAQUIST, P.A.

N/C 12/30/96

Principal Place of Business

Mailing Address

3550 SOUTH TAMiami TRAIL
NAPLES FL 33962-1999

3550 SOUTH TAMiami TRAIL
NAPLES FL 33962

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 3550 East Tamiami Trail		28 3550 East Tamiami Trail		01/31/1980		01/29/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2053034		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Naples, FL		28 Naples, FL		☐		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution		☐	
24 34112		29 34112		30 Collier		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
Country		Country					
25 Collier		30 Collier					

9. Name and Address of Current Registered Agent

MONACO, DANIEL R. (ESQUIRE)
3550 SOUTH TAMiami TRAIL
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
John P. Cardillo	FL 34112
82 Street Address (P.O. Box Number is Not Acceptable)	
3550 East Tamiami Trail	
83	
84 City	
Naples	

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 of 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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MONACO, DANIEL R	1.2 NAME	
STREET ADDRESS	3550 E. TAMiami TRL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	DT	2.1 TITLE	☒ Change ☐ Addition
NAME	KEITH, WILLIAM D	2.2 NAME	Keith, William D.
STREET ADDRESS	3550 E. TAMiami TRL	2.3 STREET ADDRESS	3550 East Tamiami Trail
CITY-ST-ZIP	NAPLES, FL 00000	2.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	DVP	3.1 TITLE	☒ Change ☐ Addition
NAME	CARDILLO, JOHN P	3.2 NAME	Cardillo, John P.
STREET ADDRESS	3550 E. TAMiami TRL	3.3 STREET ADDRESS	3550 East Tamiami Trail
CITY-ST-ZIP	NAPLES, FL 00000	3.4 CITY-ST-ZIP	Naples, FL 34112
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BONAQUIST, JAMES	4.2 NAME	
STREET ADDRESS	3550 E TAMiami TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 supplement to 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 or on an attachment with an address.

SIGNATURE: _____

(941) 774-2229

CR2E034 (9/96)