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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996 5-1-96

6-5944

STATE OF CORPORATIONS

DOCUMENT # 660774

(1)

1. Corporation Name

NAPLES OPEN AIR STORAGE, INC.



Principal Place of Business

3606 DOMESTIC AVENUE
C/O GEORGE G. SMITH, JR.
NAPLES FL 33942

Mailing Address

3606 DOMESTIC AVENUE
C/O GEORGE G. SMITH, JR.
NAPLES FL 33942

3. Date Incorporated or Qualified
03/18/1980

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GEORGE G., JR.
3606 DOMESTIC AVENUE
NAPLES FL 33942

81 Name

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

83

84 City

FL

85 Zip Code

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 be it applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, GEORGE G., JR.
STREET ADDRESS 3606 DOMESTIC AVE.
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE D
NAME SMITH, ANITA
STREET ADDRESS 3606 DOMESTIC AVE.
CITY-ST-ZIP NAPLES FL

☐ DELETE

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CITY-ST-ZIP

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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

5/1/96

944-643-1808

Display Phone #

CR2E034 (12/95)