## 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

DOCUMENT # **F80122** 

(7)

1. Corporation Name

NAPLES LAMP SHOP, INC.



	usiness	Mailing Address			
4010 9TH STREET NORTH NAPLES FL 33940		4010 9TH STREET NORTH NAPLES FL 33940			
				3. Date incorporated or Qualified 05/06/1982	3a. Date of Last Report 04/24/1995
2. Principal Place o	f Business	2a. Mailing Address		4. FLI Number	Applied For
<u>:1</u>		26	***************************************	59-2202000	Not Applicable
Suite. Apt. #, etc	).	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6 Floating Company Figure in	Fee Required
3		28		Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zp	Country	8. This corporation has liability for	
·]	25	29	30		□No
9.	Name and Address of Cur	rent Registered Agent		10. Name and Address of New F	legistered Agent
DDEGGE! T	JUNING D		81 Name		
	DRESSEL, THOMAS P. 4010 9TH STREET N.			iress (P.O. Box Number is Not Acceptal:	/io)
NAPLES FL 33940			83		
	·-				
			84 City		FL 85 Zip Code
1. Pursuant to the	provisions of Sections 607 0	502 and 607.1508. Florida Statu	ites, the above named cores	oration submits this statement for the pur ard of directors. Thereby accept the appi	roop of changing its registered off
2.	OFFICERS.	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
itr -	^	DELETE	1 1 TOLE		Criange Addition
	PRESSEL, THOMAS P.		1.2 NAME		
	NIN BILL CIDECT N				
N N	010 9TH STREET N.		1.3 STREET ADDRESS		
TY - ST - ZIP	IAPLES, FL 00000	בין מנינונ	14 CHY- ST-ZIP		
ILY - ST - ZIII D	IAPLES, FL 00000 OST	DEFEIF	14 GHY- ST-ZIP 2 1 THLE		☐ Change ☐ Addition
ILLE D	IAPLES, FL 00000	☐ DEFELE	14 CHY-SI-ZIP 2 11FILE 22 NAME		Change Addition
N	IAPLES, FL 00000 OST ORESSEL, SUSAN W.	☐ DEFEIE	1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STHEET ADDRESS	<del></del>	Change Addition
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INTERPORTS  NOTE: STATE  NOTE:	IAPLES, FL 00000 DST DRESSEL, SUSAN W. 010 9TH STREET N.	DELETE	1.4 CHY-SI-ZIP 2.1 TITLE 2.2 NAME 2.3 STHEET ADDRESS 2.4 CHY-SI-ZIP 3.3 STREET ADDRESS 3.4 CHY-SI-ZIP 4.1 TITLE 4.2 NAME 4.3 STHEET ADDRESS 4.4 CHY-SI-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-SI-ZIP 6.1 TITLE 6.2 NAME		Change Addition  Change Addition  Change Addition
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4. I do hereby certify that the information supplied with this firing 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 of 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 direct of the corporation of the releaser or trustee employeered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blook 13 if changed by up in attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OF PRINTED NAME OPSIGNING OFFICER OR DIRECTOR

4/8/96 941-262-1574

CR2E034 (12/95