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FILED

Jan 28 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 # G30572

(3)

1. Corporation Name

NAPLES CHEESE CAKES CO.

Principal Place of Business

8050 TRAIL BLVD.  
NAPLES FL 33963

Mailing Address

8050 TRAIL BLVD.  
NAPLES FL 34108-2526



3. Date Incorporated or Qualified  
03/25/1983

3a. Date of Last Report  
04/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-2297633

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARDNER, JOSEPH M.  
225 CENTRAL AVENUE  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

GARDNER, JOSEPH M.

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

828 - 104TH ST. N

83 City

NAPLES

84 State

FL

85 Zip Code

34108

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
GARDNER, JOSEPH M.  
STREET ADDRESS  
825 - 104TH ST., N  
CITY - ST - ZIP  
NAPLES FL

TITLE ☐ DELETE

NAME  
KECKLER, MICHAEL D.  
STREET ADDRESS  
10867 GOODWIN ST.  
CITY - ST - ZIP  
BONITA SPRINGS FL

TITLE ☐ DELETE

NAME  
ARREGUIN, ANTONIA  
STREET ADDRESS  
2127 55TH ST SW  
CITY - ST - ZIP  
NAPLES FL

TITLE ☐ DELETE

NAME  
PERRY, LEON  
STREET ADDRESS  
7000 ODOM PLACE  
CITY - ST - ZIP  
NORTH PORT FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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: Joseph M. Gardner Joseph M. Gardner

1-9-97 941-558-5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)