

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90045 006 ***150.00

DOCUMENT # G30572

1. Corporation Name

NAPLES CHEESE CAKES CO.

Principal Place of Business

**8050 TRAIL BLVD.
NAPLES FL 34108
US**

Mailing Address

**8050 TRAIL BLVD.
NAPLES FL 34108
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1983

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 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 owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**GARDNER, JOSEPH M.
828 104TH AVENUE NORTH
NAPLES FL 34108**

10. Name and Address of New Registered Agent

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 title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GARDNER, JOSEPH M	
STREET ADDRESS	4631 1ST AVE NW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KECKLER, MICHAEL D.	
STREET ADDRESS	10867 GOODWIN ST.	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARREGUIN, ANTONIA	
STREET ADDRESS	2127 55TH ST SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PERRY, LEON	
STREET ADDRESS	7000 ODOM PLACE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Keckler, Michael D.
23 STREET ADDRESS	1721 45th SW
24 CITY-ST-ZIP	NAPLES, FL 34116
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	34116
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.M. GARDNER

Date

Daytime Phone #

3-1299(94)263-2810

CR2E034 (11/98)