

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G 85668

1. Corporation Name

Quality Homes of Naples, Inc.

Principal Place of Business

Mailing Address

659 108th Ave., N.
Naples, FL 34108

3. Date Incorporated or Qualified
2/21/84

3a. Date of Last Report
1997

2. Principal Place of Business

21 659 108th Ave N.

Suite, Apt. #, etc.

22 City & State

Naples, FL

23 Zip

34108

Country

Collier

2a. Mailing Address

26 same

Suite, Apt. #, etc.

27 City & State

City & State

28 Zip

30 Country

4. FEI Number

59-2513691

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

Thomas J. Daiello
3841 Black Diamond Circle
Lecanto, FL 34461

10. Name and Address of New Registered Agent

81 Name

Thomas M. Daiello

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

659 108th Ave. N

83

84 City

Naples

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 *Thomas M. Daiello* Thomas M. Daiello President 4/2/98

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 ~~President~~ ☐ DELETE
NAME ~~Thomas M. Daiello~~
STREET ADDRESS ~~659 108th Ave N~~
CITY - ST - ZIP ~~Naples, FL 34108~~

TITLE President ☒ DELETE
NAME Thomas J. Daiello
STREET ADDRESS 3841 Black Diamond Circle
CITY - ST - ZIP Lecanto, FL 34461

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 Thomas M. Daiello ☐ Change ☒ Addition
1.2 NAME 659 108th Ave. N
1.3 STREET ADDRESS Naples, FL 34108
1.4 CITY - ST - ZIP President

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: *Thomas M. Daiello* Thomas M. Daiello 4/2/98 (941)598-5257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)