COOPCRATION ANNUAL PEOPERT 1997 Secretary of State Secretary of State 1997 Secretary of State COOUNENT # HOO124 (8) RTC OF NAPLES, INC. Makes Accords States PC Annual Cooperations Makes Accords States PC Makes Accords States PC Makes Accords States PC States PC Makes Accords States PC Makes Accords States PC States PC Makes Accords States PC States PC States PC States PC Makes Accords States PC States PC Makes Accords States PC States PC States PC		PROFIT		R MAY 1 IS) 0 0	
1997 Description Seccretation OCCUMENT # HOO124 (8) RTC OF NAPLES, INC. (8) RTC OF NAPLES, INC. Image: Seccretation of the component of th	COF	RPORATION		Sandra B	. Mortham	E				
OCCUMENT # HOO124 (8) RTC OF MAPLES, INC. Image: Address of the second seco	AININ	4			-		Secreta	ary o	of S	tate
Incode Allocations Marking Address SNLOR RD BOX 7571 BOX 75711 BOX 7571 BOX 7571 BOX 7571 BOX 7571 BOX 7571 BOX 7571 BOX 7571			124	(8)						
Ord/20/1984 01/25/1986 6 3 3 5 T G y Low 2a A THE Number Solet Apt 4, etc Solet Apt 4, etc 50 2402484 Number 59 2402484 Solet Apt 4, etc 50 centificate of Status Desired Zet 3 Solet Apt 4, etc 50 centificate of Status Desired Zet 3 Solet Apt 4, etc 20 control Zet 3 Solet Apt 4, etc 2a Zet 3 Solet Apt 4, etc 5. Conflictuate of Soleta Desired Tec Zet 3 Solet Apt 4, etc 2a Zet 3 Solet Apt 4, etc 2a Solet Apt 4, etc Connormal End Soleta Examples is 199 032. Forda Soleta Example Apt 4, etc 3 Solet Apt 4, etc 10. Nume and Address of New Registered Agent HOMPSON, STEVE 100 FFTH AVENUE S, STE 303 NAPLES FL 33940 2a Solet Apt 4, etc. 1a Description D	35 TAYLOR (0. BOX 7637	RD.	6235 P.O.	TAYLOR RD. BOX 7637						
5.3.37 Tay Lon R.J. 26 Sude, Apr. etc. 50-246/2464 This Applicable Sude, Apr. etc. 21 Sude, Apr. etc. 50.00 \$8.7.5 Additional rear Required \$8.7.5 Additional rear Required Chy & State 27 Cry & State 28 Cry & State 28 Cry & State 29 Cry & State 20 Cry & Country End contract Country & Cry & Country End contract Country & Cry & Country End contract Country & Cry & Country End contract Country End contract Country End contract Country End count	Principal F	lace of Business	2a	Mailing Address			04/20/1984		1996	
Outlet, Par, Not. 20 Colume, Par, Not. 35. Contificate of Statue Desired 36. 76 Additional pre Required Column City & State C. V/k & State 5. Contificate of Statue Desired State Required Control Statue Desired 55.000 May Be Addie to Fise Required Desired Functional Status Desired 55.000 May Be Addie to Fise Desired Functional Status Desired 50.000 May Be Addie to Fise Desired Address of Notificational Status Desired Parks 50.000 May Be Address of Notificational Status Desite Parks 50.000 May Be Addre	62	35 Tay Lon	RA 26	~					Not	t Applicable
Maples File County Added Dege 217 County 219 County 8. This conception has fublicly for interplot tax unders 199 032. 3. Rame and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent HOMPSON, STEVE 10 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent HOMPSON, STEVE 10 11 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent HOMPSON, STEVE 10 11 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent HOMPSON, STEVE 10 11 11 11 11 11 100 First Address of New Registered Agent 12 11 11 11 11 11 100 First Address of New Registered Agent 12 11	Suite, Apt.	. #, etc 🗸		Suite, Apt #, etc			5. Certificate of Status Desired	\$		
B Name Floods Statutes Defet No B. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent HOMPSON, STEVE 1010 FIFTH AVENUE S., STE. 303 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent NAPLES FL 33040 10 Fired Address (P.O. Box Number is Not Acceptable) 10. Received agent, it calls in the State of Farce S. Such change with the barrent of the purpose of changing its registered agent its and acceptable of Such of State of Address (P.O. Box Number is Not Acceptable) 10. Process ons at Sections 607 (5007 and 607 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, it calls with and acceptable of Address and Address (P.O. Box Number is Not Acceptable) Part End and with and acceptable of Address and Address (P.O. Box Number is Not Acceptable) 10. CALUET PARE Floridet Agent statutes PARE Floridet Agent statutes CALUET Into End Address (P.O. Box Number is Not Acceptable) DARE Caluet agent, it calls and Address (P.O. Box Number is Not Acceptable) DARE Caluet agent (P.O. Box Number is Not Acceptable) DARE Caluet agent (P.O. Box Number is Not Acceptable) DARE Caluet (P.O. Box Number is Not Add	City & Stal		<u>├</u>	City & State						
B. Name and Address of Current Registered Agent THOMPSON, STEVE TO OFFICE SAMD STEEL 303 NAPLES FL 33040 STEEL Address (P.O. Box Number is Not Acceptable) Steele Address Steele Addres Steele Address Steele Address Steele Address Ste	Zip Z	-		Zip			· · · -			199.032,
Troum Soft, STEEL TO THE HATENUE S., STE. 303 NAPLES FL 33940		9. Name and Address o		ered Agent						• ••••••
NAPLES FL 33940 Check indices of its or indices of its its its one number of its or its its one purpose of changing its registered operation submits with and carepoint exponent ment of the corporation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered interview accept the appointment as registered operation's board of orientors. Interview accept the appointment as registered operation's board of orientors. I hereby accept the appointment as registered interview accept the appointment as registered accept and accept accept the appointment as registered accept accept the appointment as registered accept accept the appointment as registered accept accept accept the appointment as registered accept accep			202				· · · · · · · · · · · · · · · · · · ·			
						reet Addre	ess (P.O. Box Number is Not Acceptac)le) 		
Flux and to the prove or a of Sections 607 0502 and 607 1508. Floreda Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I are discept the obligations of Section 807 0505. Floreda Statutes. Section 2015 and 2015 a					83					
Pursuant to the provisions of Sections 607 6502 and 607 1508. Florids Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appointment as registered agent, board of directors. I hereby accept the appoint accept accept the appoint accept acce					84 Ci	ly	······································	CI 8	5 Zip C	Code
Weil CAMPBELL, ROBERT T. 12 MARE S38 DAK DR, PO 7637 13 STRET ADDRESS Y. SJ. 2P 14 CITY. ST. 2P VE DELETE VE DELETE V. SJ. 2P 2.4 CrtY. SL. 2P VE 2.3 STREET ADDRESS V. SJ. 2P 2.4 CrtY. SL. 2P VE DELETE SJ. 2P 2.4 CrtY. SL. 2P VE DELETE SJ. 2P 2.4 CrtY. SL. 2P VE DELETE SJ. 2P 2.4 CrtY. SL. 2P VE 3.3 STREET ADDRESS V. SL. 2P 3.4 CITY. SL. 2P VE 3.3 STREET ADDRESS V. SL. 2P 3.4 CITY. SL. 2P VE DELETE SL. 2P 4.4 CITY. SL. 2P VE SLEET ADDRESS V. SL. 2P 4.4 CITY. SL. 2P VE SLEET ADDRESS V. SL. 2P 4.4 CITY. SL. 2P VE SLEET ADDRESS VE DELETE SL 2P 4.4 CITY. SL 2P VE SLEET ADDRESS VE SL CITY. SL 2P <	office or	redistored adont, or both, in 1	the State of Florida	a. Such change was a	authorized by the	med corpo corporatio	pration submits this statement for the pon's board of directors. I hereby accept	uroose of cha	anging its ment as r	s registered registered
BEEL ALOPESS 336 OAK DR, PO 7637 13 STREET ADDRESS YS1-7P 14 CITY-ST-ZP VE DELETE 21 TITLE VE 22 NAME VE 23 STREET ADDRESS YS1-7P 2 ADTY-ST-ZP VE 23 STREET ADDRESS YS1-7P 2 ADTY-ST-ZP VE 24 DTY-ST-ZP VE 24 DTY-ST-ZP VE DELETE STREET ADDRESS 2 ADME VF_S1-7P 2 ADTY-ST-ZP VE DELETE STREET ADDRESS 3 STREET ADDRESS V-S1-7P 4 CTY-S1-2P VE DELETE 5 ITTLE VE DELETE 5 ITTLE STREET ADDRESS 5 STREET ADDRESS VE STREET A	office or	registored agent, or both, in a am familiar with, and accept t <u>Stamps - grope print drag of</u> OFFIC	the State of Florida the obligations of, active agentance idea	a. Such change was a Section 607.0505, Fit applicable (M01	authorized by the brida Statutes. E: Registered Agent sig	corporatio	on's board of directors. I hereby accep	Durpose of cha of the appoint	ment as r	registered
Let DELETE 21 TITLE Change Addition VE 23 STREET ADDRESS 23 STREET ADDRESS	office or agent 1 a GNATURE	registored agont, or both, in am familiar with, and accept the Stamps standor print mark of re- OFFIC	the State of Florida the obligations of, galered agent manifest CERS AND DIRECT	a. Such change was a Section 607.0505, Fit applicable (NOT TORS	E. Registered Agencisig	corporatio	on's board of directors. I hereby accep	DATE DATE	RECTOR	registered
E 22 NARE EFT ADDRESS 23 STREET ADDRESS S1-2P 2 4 DTY-S1-2P E 2 1 DELETE 31 TITLE 2 hange Addition 2 hange RE 32 STREET ADDRESS S3-7P 3 STREET ADDRESS S3-7P 3 STREET ADDRESS S3-7P 3 STREET ADDRESS S3-7P 34 CITY-S1-2P E 0 DELETE 41 TITLE 0 Change Addition 4 CITY-S1-2P E 0 DELETE 41 TITLE 0 Change Addition 4 CITY-S1-2P E 0 DELETE 41 TITLE 0 Change 42 NAME 4 CITY-S1-2P E 0 DELETE 51 TITLE 0 Change 42 GITY-S1-2P 0 Change EE ADDRESS 53 STREET ADDRESS -S1-2P	office or agent 1 a SNATURE E	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Section 607.0505, Fit applicable (NOT TORS	E: Registered Agent sig 13. 1 1 TITLE 1 2 NAME	corporatio	on's board of directors. I hereby accep	DATE DATE	RECTOR	s IN 12
A SI 7,80 2.4 CiTY-SI-2/P E DELETE 31 TiTLE AR 32 NAME SI 7,80 3.3 STREET ADDRESS A.SI 7,80 3.3 STREET ADDRESS A.SI 7,80 3.4 CiTY-SI-2/P F 3.4 CiTY-SI-2/P F 0 DELETE A.GITY-SI-2/P 0 Change A.GITY-SI-2/P 0 DELETE A.GITY-SI-2/P 0 DELETE A.GITY-SI-2/P 0 DELETE A.GITY-SI-2/P 0 DELETE A.GITY-SI-2/P 0 Change A.	office or agent 1 a GNATURE E E E EELADORESS (-\$1-7/P	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit applicable (NOT TORS	E Registered Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY-ST-ZIP	corporation	on's board of directors. I hereby accep	DATE	RECTOR Change	S IN 12
E DELETE 3 1 TITLE Change Addition RE 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS ST-7/P 34 CITY-ST-2IP Change Addition E DELETE 41 TITLE Change Addition FE DELETE 51 TITLE Change Addition FE DELETE 61 TITLE Change Addition FE DELETE 61 TITLE Change Addition	office or agent 1 SNATURE E E E E E E E E ADDRESS E E E	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit applicable (NOT TORS	E Prog stored Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY - ST - ZIF 2 1 TITLE	corporation	on's board of directors. I hereby accep	DATE	RECTOR Change	S IN 12
E 32 NAME ET ADDRESS 33 STREET ADDRESS -S1 - 7P 34 CITY-S1-ZIP E DELETE 4 CITY-S1-ZIP E 44 CITY-S1-ZIP E 44 CITY-S1-ZIP E 51 TITLE E 0 DELETE 51 ZIP 44 CITY-S1-ZIP E 0 DELETE 51 ZIP 44 CITY-S1-ZIP E 0 DELETE 51 ZIP 51 TITLE E 0 DELETE 51 ZIP 53 STREET ADDRESS -S1 - ZIP 54 CITY-S1-ZIP E 53 STREET ADDRESS -S1 - ZIP 54 CITY-S1-ZIP E 0 DELETE 51 TITLE Change 52 NAME 53 STREET ADDRESS -S1 - ZIP 54 CITY-S1-ZIP E 0 DELETE 61 TITLE 61 TITLE 62 NAME 63 STREET ADDRESS -S1 - ZIP 64 CITY-S1-ZIP E 63 STREET ADDRESS -S1 - ZIF 64 CITY-S1-ZIP T do hereby certify that the information supplied with this filling does not	office or agent 1 a SNATURE E E E E E ADDRESS - S1-7IP E E	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit applicable (NOT TORS	E Peg stered Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY - ST - ZIF 2 1 TITLE 2 2 NAME	nature require	on's board of directors. I hereby accep	DATE	RECTOR Change	S IN 12
4-SI-70P 34. CITY-SI-2iP E DELETE 41. TITLE Change Addition 4E 4.2 NAME 43. STREET ADDRESS 43. STREET ADDRESS (-SI-7)P 44. CITY-SI-7)P 44. CITY-SI-7)P 44. CITY-SI-7)P E DELETE 5.1 TITLE Change Addition 4E DELETE 5.3 STREET ADDRESS 5.3 STREET ADDRESS Change Addition 4E DELETE 6.1 TITLE Change Addition 4E ADDRESS 6.3 STREET ADDRESS	office or agent 1 a aNATURE E E E E E E E E E E A D E E E E E E E	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Section 607.0505, Fit appleable (NOT TORS	E Perg stered Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 2 4 CITY-ST-ZIF 2 4 CITY-ST-ZIF	ESS	on's board of directors. I hereby accep	DATE	RECTOR Change Change	S IN 12
E IDELETE 4.1 Title Change Addition AE 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS Y-S1-ZIP 4.4 CITY-S1-ZIP Change Addition AE DELETE 5.1 Title Change Addition AE DELETE 5.1 Title Change Addition SET ADDRESS 5.3 STREET ADDRESS 5.3 STREET ADDRESS Addition AE 5.1 ADR 5.4 CITY-S1-ZIP Change Addition AE DELETE 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP Change Addition AE DELETE 6.1 TitLE Change Addition AE DELETE 6.1 TitLE Change Addition AE STREET ADDRESS 5.3 STREET ADDRESS Change Addition AE STREET ADDRESS 6.3 STREET ADDRESS Change Addition AE STREET ADDRESS 6.3 STREET ADDRESS Change Addition Y-ST-ZIP Street ADDRESS 6.4 DTY-ST-ZIP Change Addition AE ST-ADR Street ADDRESS Street ADDR	office or agent 1 a SNATURE E E E E E E E E A D C E E E A D R E E E A D R E SS A D R E SS A D R E SS A D R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS A T U R E SS SS SS SS SS SS SS SS SS SS SS SS S	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Section 607.0505, Fit appleable (NOT TORS	E Peg stend Agent sig 13. 1 TITLE 1 2 NAME 1 3 STREET ADDR 1 4 CITY - ST - ZIR 2 1 TITLE 2 2 NAME 2 3 STREET ADDR 2 4 DTY - ST - ZIR 3 1 TITLE	ESS	on's board of directors. I hereby accep	DATE	RECTOR Change Change	S IN 12 Addition
EET AUDRESS 4.3 STREET ADDRESS Y-ST-ZIP 44 CITY - ST-ZIP I.E. DELETE AE 52 NAME SET ADDRESS 53 STREET ADDRESS (-ST-ZIP 54 CITY - ST-ZIP I.E. DELETE ST-ZIP 54 CITY - ST-ZIP I.E. DELETE STREET ADDRESS (-ST-ZIP I.E. DELETE STREET ADDRESS (-ST-ZIP) I.E. DELETE STREET ADDRESS (-ST-ZIP) I.E. DELETE STREET ADDRESS (-ST-ZIP) 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 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 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 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 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 supplied with this filing does not qualify f	office or agent 1 a SNATURE E AS EELADORESS Y-ST-7/P E EELADDRESS Y-ST-7/P E AE EELADDRESS	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Section 607.0505, Fit appleable (NOT TORS	E Peg stend Agen; sig 13. 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY- ST-ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 3 1 TITLE 3 2 NAME 3.3 STREET ADDF	ESS	on's board of directors. I hereby accep	DATE	RECTOR Change Change	S IN 12 Addition
Y-S1-ZIP 44 CITY-S1-ZIP LE DELETE AE 51 TITLE AE 52 NAME SET ADDRESS G-S1-ZIP LE 53 STREET ADDRESS G-S1-ZIP 54 CITY-S1-ZIP LE DELETE S4 CITY-S1-ZIP Change AE 53 STREET ADDRESS GET ADDRESS 63 STREET ADDRESS Y-S1-ZIP 63 STREET ADDRESS Y-S1-ZIP 63 STREET ADDRESS Y-S1-ZIP 64 CITY-S1-ZIP L 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 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 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 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 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 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 supplied with this filing does not qacourate and that my signature shall have the sam	office or agent 1 a SNATURE E AS EELADORESS Y-S1-7/P E EELADDRESS Y-S1-7/P E EELADDRESS Y-S1-7/P	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit applicable (NOT TORS	E Peg stend Agen; sig 13. 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY- ST-ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 2 4 CITY- ST-ZIF 3 1 TITLE 3 2 NAME 3.3 STREET ADDF 3.4 CITY-ST-ZIF 3.4 CITY-ST-ZIF	ESS	on's board of directors. I hereby accep	DATE	RECTOR Change Change	S IN 12 Addition
Image: Provide a constraint of the specific production of the specific production of the specific product of the specif	office or agent 1 a SNATURE E AS EELADORESS Y-ST-7/P E E EELADDRESS Y-ST-7/P E E EELADDRESS Y-ST-7/P E E EELADDRESS Y-ST-7/P E	Tegistered agent, or both, in am familiar with, and accept to Stands to grade printed rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit applicable (NOT TORS	Authorized by the brida Statutes. E. Registered Agent sig 13. 11 TITLE 12 NAME 13 STREET ADDF 14 CITY-ST-ZIF 21 TITLE 22 NAME 23 STREET ADDF 2 4 CITY-ST-ZIF 31 TITLE 32 NAME 3.3 STREET ADDF 3.4 CITY-ST-ZIF 4.1 TITLE	ESS	on's board of directors. I hereby accep	DATE	RECTOR Change Change	S IN 12 Addition
AE 5.2 NAME EET ADDRESS 5.3 STREET ADDRESS (- ST - ZIP 5.4 CITY - ST - ZIP E DELETE 6.1 TITLE AE 6.2 NAME AE 6.2 NAME SET ADDRESS 6.3 STREET ADDRESS (- ST - ZIP 6.4 CITY - ST - ZIP 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 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 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 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 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 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 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 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 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 supplied with this filing does not qualify for the exemption stat	office or agent 1 a SNATURE E A E EELADDRESS C-ST-ZIP E EELADDRESS C-ST-ZIP E A E EELADDRESS C-ST-ZIP E E E E E E E E E E E E E E E E E E E	registored agent, or bath, in an familiar with, and accept the sentence of the OFFIC OFFIC CAMPBELL, ROBERT T. 336 OAK DR, PO 7637 NAPLES FL	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit applicable (NOT TORS	E Peg stored Agent sig 13. 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY - ST - ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 2 4 CITY - ST - ZIF 3 1 TITLE 3 2 NAME 3.3 STREET ADDF 3.4 CITY - ST - ZIF 4.1 TITLE 4.2 NAME	ESS	on's board of directors. I hereby accep	DATE	RECTOR Change Change	S IN 12 Addition
ST-ZIP E E DELETE 54 CITY-ST-ZIP E Change Addition E E E E E E E E E E E E E E E E E E E	office or agent 1 a sNATURE E E E E E E E E E E E E E E E E E E	registored agent, or bath, in an familiar with, and accept the sentence of the OFFIC OFFIC CAMPBELL, ROBERT T. 336 OAK DR, PO 7637 NAPLES FL	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit acquicable (NOT IORS DELETE DELETE DELETE DELETE DELETE	Authorized by the brida Statutes. E. Peg stared Agex sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY - ST - ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 2 4 DTY - ST - ZIF 3 1 TITLE 3 2 NAME 3.3 STREET ADDF 3.4 CITY - ST - ZIF 4.1 TITLE 4 2 NAME 4.3 STREET ADDF 4.4 CITY - ST - ZIF	ESS	on's board of directors. I hereby accep		RECTOR Cnange Change Change	S IN 12 Addition
E DELETE 61 TILLE 61 TILLE 62 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 54-CITY-ST-ZIP 55-CITY-ST-ZIP 55	office or agent 1 a sNATURE E E E E E E E E E E E E E E E E E E	registored agent, or bath, in an familiar with, and accept the sentence of the OFFIC OFFIC CAMPBELL, ROBERT T. 336 OAK DR, PO 7637 NAPLES FL	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit acquicable (NOT IORS DELETE DELETE DELETE DELETE DELETE	E Progistered Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY - ST - ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 2 4 DTY - ST - ZIF 3 1 TITLE 3 2 NAME 3.3 STREET ADDF 3.4 CITY - ST - ZIF 3.4 CITY - ST - ZIF 3.5 STREET ADDF 3.4 CITY - ST - ZIF 4.3 STREET ADDF 4.3 STREET ADDF 4.3 STREET ADDF 5.1 TITLE	ESS	on's board of directors. I hereby accep		RECTOR Cnange Change Change	S IN 12 Addition
62 NAME 62 NAME 62 FET ADDRESS 63 STREET ADDRESS 5-ST-ZIF 5.4 CITY-ST-ZIP 1 do hereby certify that the intermation 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i) Horida Statutes. I further certify that the information supplemental annual report is true and docurate and that my signature shall have the same legal effect as if made under oath; that	office or agent 1 a sNATURE E E E E E E E E E E E E E E E E E E	registored agent, or bath, in an familiar with, and accept the sentence of the OFFIC OFFIC CAMPBELL, ROBERT T. 336 OAK DR, PO 7637 NAPLES FL	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit acquicable (NOT IORS DELETE DELETE DELETE DELETE DELETE	E Prog stored Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY - ST - ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 2 4 DTY - ST - ZIF 3 1 TITLE 3 2 NAME 3.3 STREET ADDF 3.4 CITY - ST - ZIF 4.1 TITLE 4.2 NAME 4.3 STREET ADDF 5.1 TITLE 5.2 NAME	ESS	on's board of directors. I hereby accep		RECTOR Cnange Change Change	S IN 12 Addition
EET ADDRESS F-ST-2IF - 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	office or agent 1 a 3NATURE E anature E E E E E E E E E E E E E E E E E E E	registored agent, or bath, in an familiar with, and accept the sentence of the OFFIC OFFIC CAMPBELL, ROBERT T. 336 OAK DR, PO 7637 NAPLES FL	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit apple.able (NOT CORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E Perg stered Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 1 4 CITY - ST - ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 2 4 DTY - ST - ZIF 3 1 TITLE 3 2 NAME 3.3 STREET ADDF 3.4 CITY - ST - ZIF 4.1 TITLE 4.2 NAME 4.3 STREET ADDF 5.1 TITLE 5.2 NAME 5.3 STREET ADDF 5.4 CITY - ST - ZIF	ESS	on's board of directors. I hereby accep		RECTOR Cnange Change Change Change Change	S IN 12 Addition
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 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 gath; that the	office or agent 1 z SNATURE E A E E A E E E A C E E E A D D R E S S S S S S S S S S S S S S S S S S	registored agent, or bath, in an familiar with, and accept the sentence of the OFFIC OFFIC CAMPBELL, ROBERT T. 336 OAK DR, PO 7637 NAPLES FL	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit apple.able (NOT CORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E Peop stered Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 2 4 CITY - ST - ZIF 2 1 TITLE 2 2 NAME 2 3 STREET ADDF 2 4 CITY - ST - ZIF 3 1 TITLE 3 2 NAME 3 3 STREET ADDF 3 4 CITY - ST - ZIF 4 1 TITLE 4 2 NAME 4 3 STREET ADDF 5 1 TITLE 5 2 NAME 5 3 STREET ADDF 5 4 CITY - ST - ZIF 5 5 1 TILE	ESS	on's board of directors. I hereby accep		RECTOR Cnange Change Change Change Change	S IN 12 Addition
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	office or agent 1 a GNATURE LE GNATURE LE KEELADORESS Y-S1-7/P LE KEELADDRESS Y-S1-7/P LE KEELADDRESS Y-S1-7/P LE KEELADDRESS Y-S1-7/P LE KEELADDRESS Y-S1-7/P LE KEELADDRESS Y-S1-7/P LE KEELADDRESS Y-S1-7/P	registored agent, or bath, in a an familiar with, and accept to Stand a spectra panel rate of the OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637 NAPLES FL	the State of Florida the obligations of, gaterealagent and title CERS AND DIRECT	a. Such change was a Soction 607.0505, Fit apple.able (NOT CORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E Prog stored Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 2 1 ALE 2 NAME 2 3 STREET ADDF 2 4 CITY - ST - ZIF 3 1 TITLE 3 2 NAME 3 3 STREET ADDF 3 4 CITY - ST - ZIF 4 1 TITLE 4 2 NAME 4 3 STREET ADDF 5 1 TITLE 5 2 NAME 5 3 STREET ADDF 5 4 CITY - ST - ZIF 5 1 TITLE 5 2 NAME 5 3 STREET ADDF 5 4 CITY - ST - ZIF 6 1 TITLE 6 2 NAME	ESS	on's board of directors. I hereby accep		RECTOR Cnange Change Change Change Change	S IN 12 Addition
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 Brock 13 if changer, or on an attachment with an address.	office or agent 1 a GNATURE LE ME REELADDRESS Y - S1 - ZIP LE WE REELADDRESS Y - S1 - ZIP LE ME REET ADDRESS Y - S1 - ZIP LE ME REET ADDRESS Y - S1 - ZIP LE ME REET ADDRESS Y - S1 - ZIP LE ME REET ADDRESS Y - S1 - ZIP LE ME REET ADDRESS Y - S1 - ZIP	registored agent, or bath, in a an familiar with, and accept to Stans : speake print rate of the OFFIC DP CAMPBELL, ROBERT T. 336 DAK DR, PO 7637 NAPLES FL	the State of Forida the obligations of, 3 there agent and the C	a. Such change was a Soction 607.0505, Fit acquecable (NOT CORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE	E Peop stered Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 2 NAME 2 3 STREET ADDF 2 4 CITY - ST - ZIF 3 1 TITLE 3 2 NAME 3 3 STREET ADDF 3 4 CITY - ST - ZIF 4 1 TITLE 4 2 NAME 4 3 STREET ADDF 5 1 TITLE 5 2 NAME 5 3 STREET ADDF 5 4 CITY - ST - ZIF 5 1 TITLE 5 2 NAME 5 3 STREET ADDF 5 4 CITY - ST - ZIF 6 1 TITLE 6 3 STREET ADDF 5 4 CITY - ST - ZIF 6 3 STREET ADDF 5 4 CITY - ST - ZIF 6 3 STREET ADDF 5 4 CITY - ST - ZIF 6 1 TITLE 6 3 STREET ADDF 5 4 CITY - ST - ZIF 6 3 STREET ADDF 5 4 CITY - ST - ZIF 6 4 CITY - ST - ZIF 6 3 STREET ADDF 5 4 CITY - ST - ZIF 6 4 CITY - ST - ZIF 7 5 CITY - ST - ZI	ESS	d when reinstating) ADDITIONS/CHANGES TO OFFIC		RECTOR Cnange Change Change Change Change Change	S IN 12 Addition
	office or agent 1 a GNATURE LE GNATURE LE ME GELADDRESS Y - S1 - 7IP LE ME REELADDRESS Y - S1 - 7IP LE ME REELADDRESS Y - S1 - 7IP LE ME REELADDRESS Y - S1 - 7IP LE ME SEELADDRESS Y - S1 - 7IP LE J do here informat	registored agent, or bath, in a an familiar with, and accept to OFFIC DP CAMPBELL, ROBERT T. 336 OAK DR, PO 7637 NAPLES FL	the State of Forida the obligations of, a tree agent and ride. ZERS AND DIRECT	a. Such change was a Social on 607.0505, Fit acquireable (NOT CORS DELETE DELETE DELETE DELETE DELETE S filing does not quali rital annual report is 1	E Peop stored Agent sig 13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDF 2 NAME 2 3 STREET ADDF 2 4 DTY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3 STREET ADDF 3 4 DTY-ST-ZIF 3 1 TITLE 3 2 NAME 3 3 STREET ADDF 3 4 CITY-ST-ZIF 4 1 TITLE 4 2 NAME 4 3 STREET ADDF 5 3 STREET ADDF 5 4 CITY-ST-ZIF 5 1 TITLE 5 2 NAME 5 3 STREET ADDF 5 4 CITY-ST-ZIF 6 1 TITLE 6 3 STREET ADDF 5 4 CITY-ST-ZIF 6 1 TITLE 6 2 NAME 6 3 STREET ADDF 14 CITY-ST-ZIF 15 1 TITLE 17 2 NAME 17 2 NAME 18 2 NAME 19 2 N	ESS ESS ESS ESS ESS ESS ESS ESS ESS ESS	in Section 119.07(3)(i), Fiorida Statute	s. I further ceal	Change	S IN 12 Addition