

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 09 1996 8:00 am
Secretary of State

DOCUMENT # H09683 (4)

1. Corporation Name
BLUEBILL PROPERTY MANAGEMENT AND LEASING CO.

Principal Place of Business
26201 HICKORY BLVD., #101
BONITA SPRING FL 33923
US

Mailing Address
26201 HICKORY BLVD., #101
BONITA SPRING FL 33923
US



3. Date Incorporated or Qualified 06/26/1984 3a. Date of Last Report 05/01/1995

2. Principal Place of Business 21 4628 Tamiami Trail East Suite, Apt. #, etc. 22 City & State 23 Naples, FL Zip 24 33962 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	4. FEI Number 59-2487784 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KILPATRICK, R.E.
16650 ISLAND PARK RD., #103
FT. MYERS FL 33908

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P CORCELLI, MARY	1.1 TITLE	V/D CORCELLI, MARY
NAME	5601 TURTLE	1.2 NAME	5601 Turtle Bay Dr., # 2201
STREET ADDRESS	NAPLES FL	1.3 STREET ADDRESS	Naples, FL 33963
CITY-STATE-ZIP	ST	1.4 CITY-STATE-ZIP	
TITLE	KILPATRICK, R.E.	2.1 TITLE	
NAME	16650 ISLAND PARK RD.	2.2 NAME	
STREET ADDRESS	FT. MYERS FL	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	P/D
NAME		3.2 NAME	CORCELLI, DONALD N.
STREET ADDRESS		3.3 STREET ADDRESS	5601 Turtle Bay Dr., # 2201
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	Naples, FL 33963
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing 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 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: *R.E. Kilpatrick* R.E. Kilpatrick 2/5/96 (941) 992-6076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)