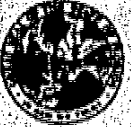


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H16762 (7)		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 APR 11 PM 9:31	
1. Corporation Name NAPLES SKATERY, INC.		DO NOT WRITE IN THIS SPACE.	
Principal Place of Business 6750 GOLDEN GATE PARKWAY NAPLES FL 33999		Mailing Address 6750 GOLDEN GATE PARKWAY NAPLES FL 33999	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country	
3. Date Incorporated or Qualified 08/15/1984		3a. Date of Last Report 03/11/1994	
4. FBI Number 59-2436556		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 GREGORY, THOMAS L. 6750 GOLDEN GATE PARKWAY NAPLES FL 33999		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME GREGORY, THOMAS L. STREET ADDRESS 1701 52 TER SW CITY-ST-ZIP NAPLES FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VTD NAME GREGORY, NANCY L. STREET ADDRESS 1701 52 TER SW CITY-ST-ZIP NAPLES FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE S NAME GREGORY, CHARLES F. STREET ADDRESS 2380-39TH ST.,S.W. CITY-ST-ZIP NAPLES FL		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-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 110.07(3)(b), 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: <u>Thomas L. Gregory - RD (THOMAS L. GREGORY)</u> 4/7/95 (013) 55-7641 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Chapter/Section #			