**FILED** 

Mar 10, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # H34487**

1. Corporation Name

REAL ESTATE FLORIDA OF NAPLES, INC.

| Principal Place                          | e of Business   | Mailing Address  |                                      | T 1981911 GIGS 11(1) GIGH SISST 16(1) (63) GIG   |                                       |
|--|---|--|--------------------------------------|--|---------------------------------------|
| STE 25 STE                               |   | 171 COMMERCIAL BLV<br>STE 25                             | D                                    | DO NOT WRITE IN THIS SPACE   |                                       |
| NAPLES FL 34104 NAPLES FL 34104          |   |  |                                      | II OF ACL  |                                       |
| บร                                       |   | US   |                                      | 3. Date Incorporated or Qualifed 12/18/1984  |                                       |
| 2. Principal Place of Business           |   | 2a. Mailing Address                                      |                                      | 4. FEI Number  | Applied For                           |
| 21                                       |   | 26   |                                      | 59-2664285   | Not Applicable                        |
| Suite, Apt.                              | #, etc.   | Suite, Apt. #, etc.                                      |                                      | 5. Certifcate of Status Desired  | \$8.75 Additional Fee Required        |
| City & State                             | е   | City & State   |                                      | - 6. Election Campaign Financing   | \$5.00-May-Be                         |
| <u> </u>                                 | •   | 28   |                                      | Trust Fund Contribution  | Added to Fees                         |
| Zip                                      | Country   | Zip  | Country                              | 8. This corporation owes the current year  | Intangible                            |
| <del></del>                              | r—1 '   | <b>⊢</b> ¬ `   | 30                                   | Personal Property Tax.   | ☐Yes ☐No                              |
| 24                                       | 25  | 29   | 30                                   | 10. Name and Address of New Registere  | nd Agent                              |
|  | 9. Name and Address of Curre  | nt Kegistered Agent                                      | 81 Name                              | TO. TABLES AND ADDRESS OF THE PARTY OF THE P |                                       |
|  | NERS, RICHARD E.  |  |                                      | ddress (P.O. Box Number is Not Acceptable)   |                                       |
| 4372 27TH AVE SW                         |   |  |                                      | a Price Ry   |                                       |
| SUITE 207                                |   |  |                                      |  |                                       |
| NAPLES FL 34116  83 1706 KINGS LAKE BLVD |   |  |                                      |  |                                       |
|  |   |  | 84 Eit                               | ) X S  | L 85 Zip Code                         |
|  |   | 00 4 607 4509 Florida St                                 | tetutes, the show samed s            |  | of changing its registered            |
| 11. Pursuant<br>office or r              | to the provisions of Sections 607.05<br>egistered agent⊾ar both, in∧the State | oz and 607,1506, Fronda St<br>e of Morida. Such change w | as authorized by the corpor          | ration's board of directors. I hereby accept the ap  | pointment as registered               |
| agent. 18                                | in <del>amilia</del> r with, and accept the oblig                             | ations of, Section 607.0505,                             | , Florida Statutes.                  | - 1/ -   | -61/00                                |
| SIGNATURE                                | / Chrand  | um-  | - KICHARO                            | E HINNERS  DATE  DATE  | 3/4/77                                |
|  | Signature, typed or printed name of registered ag                             |  | NOTE: Regittered Agent signature rec | ADDITIONS/CHANGES TO OFFICERS  | AND DIRECTORS IN 12                   |
| 12.                                      |   | ND DIRECTORS   | 13.                                  | ADDITIONS/CHANGES TO OFFICERS  | Change Addition                       |
| TITLE                                    | PC  | ☐ DELETE   | 1 - 1                                | •  | E Change                              |
| NAME                                     | HINNERS, RICHARD E.   |  | 1.2 NAME                             |  |                                       |
| STREET ADDRESS                           | 4372 27TH AVE SW #207   |  | 1.3 STREET ADDRESS                   | 189 RIVER TO.  | 1                                     |
| CITY-ST-ZIP                              | NAPLES FL   |  | 1.4 CITY-ST-ZIP                      | BAINBRIDGE, GA 31717   |                                       |
| TITLE                                    | VP  | ☐ DELET  | E 2.1 TITLE                          |  |                                       |
| NAME                                     | HINNERS, LOIS A.  |  | 2.2 NAME                             |  |                                       |
| STREET ADDRESS                           | 4372 27TH AVE SW #207   |  | 2.3 STREET ADDRESS                   | 189 RIVER RD.  |                                       |
| CITY-ST-ZIP                              | FT MYERS FL   |  | 2. 4 CITY+ST-ZIP                     | BAINBRIDGE, GA 31717   |                                       |
| TITLE                                    |   | ☐ DELET  | E 3.1 TITLE                          |  | ☐ Change ☐ Addition                   |
| NAME                                     |   |  | 3.2 NAME                             |  |                                       |
| STREET ADDRESS                           |   |  | 33 STREET ADDRESS                    |  | }                                     |
| CITY-ST-ZIP                              |   |  | 3.4. CITY-ST-ZIP                     |  |                                       |
| TITLE                                    |   | ☐ DELETI   | E 4.1 TITLE                          |  | ☐ Change ☐ Addition                   |
| NAME                                     |   |  | 4. 2 NAME                            |  |                                       |
| STREET ADDRESS                           |   |  | 4.3 STREET ADDRESS                   |  |                                       |
| CITY-ST-ZIP                              | 1   |  | 4.4 CITY-ST-ZIP                      |  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

6.2 NAME

6.4 CITY-ST-ZiP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

RICHARD E. HINNERS

☐ DELETE

DELETE

Change

Change

Addition

Addition