

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

DOCUMENT # H66782

(4)

1. Corporation Name

NAPLES NORTH CLEANERS, INC.



Principal Place of Business

842 SIXTH AVENUE, SOUTH
NAPLES FL 33940

Mailing Address

842 SIXTH AVENUE, SOUTH
NAPLES FL 33940

3. Date Incorporated or Qualified
07/17/1985

3a. Date of Last Report
01/18/1995

2. Principal Place of Business

2a. Mailing Address

21. 5075 9 ST. N.

26. 842 6 AVE. S.

4. FEI Number

59-2562506

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22. City & State
NAPLES, FL

27. City & State
NAPLES, FL

23. Zip Country
33940 USA

28. Zip Country
33940 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FYKE, JERRY
842 SIXTH AVENUE, SOUTH
NAPLES FL 33940

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
FYKE, JERRY
842 SIXTH AVENUE, SOUTH
NAPLES FL

1.2 NAME

STREET ADDRESS ☐ DELETE

1.3 STREET ADDRESS

CITY-STATE-ZIP
VSD
NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

2.2 NAME

STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS

CITY-STATE-ZIP
VSD
NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

3.2 NAME

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS

CITY-STATE-ZIP
VSD
NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

4.2 NAME

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS

CITY-STATE-ZIP
VSD
NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

5.2 NAME

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS

CITY-STATE-ZIP
VSD
NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

6.2 NAME

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS

CITY-STATE-ZIP
VSD
NAME
DUFFY, JIM
842 SIXTH AVENUE, SOUTH
NAPLES FL

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: *Jerry Fyke* JERRY FYKE President 1-18-96 941-262-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)