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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H67588** (4)

1. Corporation Name

KING JAMES - NAPLES, INC.



Principal Place of Business

**7501 WEEPING WILLOW BLVD
SARASOTA FL**

Mailing Address

**7501 WEEPING WILLOW BLVD
SARASOTA FL**

3. Date Incorporated or Qualified

07/23/1985

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

21 **975 5th Ave South**

Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 **Naples Florida**

City & State

27 City & State

23 **33940**

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**COLE, R. JOHN, II
1605 MAIN ST.
S-1110
SARASOTA FL 33577**

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 file if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

**MONTONEY, JAMES VERNON
7501 WEEPING WILLOW BLVD
SARASOTA FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

DS

☐ DELETE

NAME

**MONTONEY, JANET CHERYL
7501 WEEPING WILLOW BLVD
SARASOTA FL**

STREET ADDRESS

CITY - ST - ZIP

TITLE

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NAME

STREET ADDRESS

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NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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: Cheryl Montoney Cheryl Montoney Secretary 1/17/96 941-921-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)