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FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J42154 (1)

1. Corporation Name:  
ESL OF NAPLES, INC.

Principal Place of Business

28 TURQUOISE AVAE.  
NAPLES FL 33961

Mailing Address

28 TURQUOISE AVAE.  
NAPLES FL 34114-8254

3. Date Incorporated or Qualified  
11/14/1986

3a. Date of Last Report  
02/26/1996

4. FEI Number  
59-2742005

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

2. Principal Place of Business

21 32 Turquoise Ave

Suite, Apt. #, etc.

22

City & State

23 Naples, FL

Zip

24 34114

Country

25 Collier

2a. Mailing Address

26 32 Turquoise Ave

Suite, Apt. #, etc.

27

City & State

28 Naples FL

Zip

29 34114

Country

30 Collier

9. Name and Address of Current Registered Agent

CARTER, GARNEY E.  
28-TURQUOISE AVE.  
NAPLES FL 33961

10. Name and Address of New Registered Agent

81 Name  
CARTER, GARNEY E.  
82 Street Address (P.O. Box Number is Not Acceptable)  
4814 32nd Ave. S.W.  
83  
84 City  
NAPLES FL 85 Zip Code  
34116

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 by either printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARTER, GARNEY E.  
STREET ADDRESS 28 TURQUOISE AVE.  
CITY-ST-ZIP NAPLES FL ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SAME ☐ Change ☐ Addition  
1.2 NAME SAME  
1.3 STREET ADDRESS 4814 32nd Ave S.W.  
1.4 CITY-ST-ZIP NAPLES, FL 34116

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Garney E. Carter Pres.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97 941-793-1988  
Date Daytime Phone #

CR2E034 (9/96)