## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1998



Sandra B. Mertham 🖪

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

ESL OF NAPLES, INC.

**FILED** Feb 27 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address			T 100/1/10 BIST GIOLD TIODS SIGN. BIRT AND SIGN. BIRT BIRT BIRT BIRT BIRT BIRT BIRT BIRT
32 TUROUOISE AVE NAPLES FL 34114 US .		32 TUROUOISE AVE NAPLES FL 34114			DO NOT WRITE IN THIS SPACE
		U\$			3. Date Incorporated or Qualified
					11/14/1986
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2742005 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			— \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State	e	City & State			Election Campaign Financing \$5.00 May 8e
23		28	·		Trust Fund Contribution Added to Fees
Zip	Country	Z(¢)	Country	•	8. This corporation owes or has paid the current year Intangible
24	<del></del>	29 30	D]		Personal Property Tax due June 30. K Yes No
	9. Name and Address of Current R	egisterea Agent	81	Mana	10. Name and Address of New Registered Agent
CARTER, GARNET E.				Name	ne , ·
4814 32ND AVE SW			82 Street Address (P.O. Box Number is Not Acceptable)		
NA	PLES FL 34116		83		
			83		
			84	City	85 Zip Code
24 D	10.000	1607 4606 11	45	l	FL M
office or r	to the provisions of Sections 607,0602 ar egistered agent, or both, in the State of I	nd 607.1508, Florida Statutes. Florida. Such change was aut	, the abovi horized by	e-named the cor	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505, Floric	da Statute	<b>S</b> .	2 12 00
SIGNATURE	Signature, typed or printed name of registered agent in	ALONE D			2 – 13 – 98 sture required when reinstating)  DATE
12.	OF LICERS AND D		13.	ont signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PO	DELETE	1.1 TOTLE		VPD ☐ Change ☑ Addition
NAME	CARTER, GARNEY E.		1.2 NAME		Robert L. Hill
STREET ADDRESS	4814 32ND AVE SW		1.3 STREET	ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY - S		Naples, Florida 34102
TITLE		DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME	David C. Jones, Jr	. •	2.2 NAME		
STREET ADDRESS	3435 10 th Street No		2.3 STRFET	ADDRESS	ss i
CITY+ST-ZIP	Naples, Florida 3410	2	2. 4 CITY-	ST - ZIP	· ·
TITLE	VPD Helen M. Stallard	DILLETE	3.1 TITLE		Change Addition
NAME		^	3.2 NAME		
STREET ADDRESS	2121 Gulfshore Blvd		3.3 STREET	ADDRESS	is
CITY-ST-ZIP	Naples, Florida 3410		3.4. CITY - :	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	as a
CITY-ST-ZIP			4.4 CITY-S	T- ZIP	
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET	ADDRESS	ss
CITY-ST-ZIP			5.4 CITY - S	T- 2(P	
TITLE		DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 \$TREET	ADDRESS	is
CITY-ST-ZIP			64 CITY-S	T-ZIP	

r nereby cortriy 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 supplienental 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 p. an attachment with an address.

SIGNATURE: