

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J60176

(1)

1. Corporation Name
NAPLES PROPERTIES, INC.

Principal Place of Business

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 33999
US

Mailing Address

4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 34119-8908
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

JOHNSON, ROBERT W.
4500 EXECUTIVE DRIVE
SUITE 300
NAPLES FL 33999

3. Date Incorporated or Qualified

02/27/1987

3a. Date of Last Report

03/26/1996

4. FEI Number

59-2788631

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

10. Name and Address of New Registered Agent

81 Name

JANET KELLY

82 Street Address (P.O. Box Number is Not Acceptable)

4500 EXECUTIVE DRIVE

83

SUITE 300

84 City

NAPLES

FL

85 Zip Code

34119

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]

[Signature]

3/19/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME HARDY, ROBERT S.
STREET ADDRESS 4500 EXECUTIVE WAY, STE 240
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

D
NAME HARDY, ROBERT PAUL
STREET ADDRESS 4500 EXECUTIVE DR
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

D
NAME GARRIPEE, LESTER N.
STREET ADDRESS 100 EXECUTIVE WAY
CITY-ST-ZIP PONTE VEDRA BCH, FL

TITLE ☐ DELETE

V
NAME HESSE, SANDRA
STREET ADDRESS 4500 EXECUTIVE DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ☒ DELETE

ST
NAME JOHNSON, ROBERT W.
STREET ADDRESS 4500 EXECUTIVE DRIVE
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☒ Addition

1.2 NAME

ST
KELLY, JANET

1.3 STREET ADDRESS

4500 EXECUTIVE DR. STE 300

1.4 CITY-ST-ZIP

NAPLES FL 34119-8908

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 is relied 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:

[Signature]

[Signature]

Treasurer

3/19/97 (941) 597-9061

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

CR2E034 (9/96)