

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # J70250

(2)

1. Corporation Name

GOPHER RIDGE II, INC.

Principal Place of Business
**3003 TAMAMI TRAIL NORTH
NAPLES FL 33940**

Mailing Address
**3003 TAMAMI TRAIL NORTH
NAPLES FL 33940**

FILED

95 APR 24 AM 11:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
04/28/1987

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2800722

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLORA, TERRY L
3003 TAMAMI TRAIL, N.
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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

V

NAME

**FLOOD, THOMAS J
3003 TAMAMI TRAIL NORTH
NAPLES FL**

STREET ADDRESS

CITY - ST - ZIP

V

TITLE

MERCER, JAMES A

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

TITLE

BACEK, DAVE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

TITLE

LAND, DAVID

NAME

STREET ADDRESS

CITY - ST - ZIP

D

TITLE

READ, ISABEL COLLIER

NAME

STREET ADDRESS

CITY - ST - ZIP

NAPLES FL

D

TITLE

D

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

1.2 NAME

Collier II, Barron G.

1.3 STREET ADDRESS

**3003 Tamiami trail North
Naples, Florida 33940**

1.4 CITY - ST - ZIP

2.1 TITLE

V/D

2.2 NAME

Mercer, James A.

2.3 STREET ADDRESS

**3003 Tamiami Trail North
Naples, Florida 33940**

2.4 CITY - ST - ZIP

3.1 TITLE

T

3.2 NAME

Bacek, David J.

3.3 STREET ADDRESS

**3003 Tamiami Trail North
Naples, Florida 33904**

3.4 CITY - ST - ZIP

4.1 TITLE

V/S

4.2 NAME

Flora, Terry L.

4.3 STREET ADDRESS

**3003 Tamiami Trail North
Naples, Florida 33940**

4.4 CITY - ST - ZIP

5.1 TITLE

P/D

5.2 NAME

Collier, Miles C.

5.3 STREET ADDRESS

**3003 Tamiami Trail North
Naples, Florida 33940**

5.4 CITY - ST - ZIP

6.1 TITLE

P/D

6.2 NAME

Collier, Miles C.

6.3 STREET ADDRESS

**3003 Tamiami Trail North
Naples, Florida 33940**

6.4 CITY - ST - 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 110.07(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: Terry L. Flora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/95

Date

813/261-4455

Telephone Number