SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

- FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 15 AM 11:49

DOCUMENT # **J82752** **(3)**

1. Corporation Name

NAPLES MORTGAGE COMPANY

Principal Place of Business	Mailing Address
9000 GULF SHORE DRIVE NAPLES FL 33963	9060 GULF SHORE DRIVE NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1987	3a. Date of Last Report: 03/28/1994
4. FEI Number: 65-0026745	☐ 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	2a. Mailing Address
21 5601 TURTLE BAY DR	26 SAME
22 Suite, Apt. #, etc. # 2201	27 Suite, Apt. #, etc.
23 City & State NAPLES FL	28 City & State
24 Zip 33963 25 Country	29 Zip 30 Country

9. Name and Address of Current Registered Agent

CORCELLI, DONALD N.
9060 GULF SHORE DRIVE
NAPLES FL 33963

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 _____ DATE
(Signature, type(s) or printed name of registered agent and title if applicable) (If 11: (Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	KILPATRICK R. E.	12 NAME	
STREET ADDRESS	16650 ISLAND PARK RD	13 STREET ADDRESS	
CITY ST ZIP	FT. MYERS FL	14 CITY ST ZIP	
TITLE		21 TITLE	PRES ☐ Change ☒ Addition
NAME		22 NAME	DONALD N. CORCELLI
STREET ADDRESS		23 STREET ADDRESS	5601 TURTLE BAY DR # 2201
CITY ST ZIP		24 CITY ST ZIP	NAPLES FL 33963
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Donald N. Corcelli 6/10/95 813-597-7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0163143 FP