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CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

[illegible] 1 PM 3:07

[illegible] TALLAHASSEE, FLORIDA

DOCUMENT # **J90879** **(4)**

1. Corporate Name

NAPLES CHAMBER PUBLISHING COMPANY, INC.

Principal Place of Business
3620 N TAMIAMI TRAIL
%EWARD J. OATES, JR.
NAPLES FL 33940-3724
US

Mailing Address
3620 N TAMIAMI TRAIL
%EWARD J. OATES, JR.
NAPLES FL 33940-3724
US

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: 09/01/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 3620 N. Tamiami Trail
22 Suite, Apt. #, etc.
23 City, State: Naples, FL
24 Zip: 33940
25 County: USA

2a. Mailing Address
26 3620 N. Tamiami Trail
27 Suite, Apt. #, etc.
28 City, State: Naples, FL
29 Zip: 33940
30 County: USA

4. FEI Number: 59-2844580 — 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. Does corporate net income or income tax exempt? Check Applicable: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

COLEMAN, J MICHAEL
3174 TAMIAMI TR E
NAPLES FL 33962

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 Section 607.0505, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the officer(s) or director(s) named therein have agreed to the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TYPE	DP	TYPE	[ ] Change [ ] Addition
NAME	CARDILLO, JOHN P	NAME	
STREET ADDRESS	395 RIDGE DR	STREET ADDRESS	
CITY, STATE	NAPLES FL	CITY, STATE	
TYPE	DT	TYPE	[ ] Change [ ] Addition
NAME	HIGHMARK, DAVID A	NAME	
STREET ADDRESS	600 RIDGE DR	STREET ADDRESS	
CITY, STATE	NAPLES FL	CITY, STATE	
TYPE	DV	TYPE	[ ] Change [ ] Addition
NAME	CANDITO, JOSEPH P	NAME	
STREET ADDRESS	2540 11 CIR	STREET ADDRESS	
CITY, STATE	NAPLES FL	CITY, STATE	
TYPE	DV	TYPE	[ ] Change [ ] Addition
NAME	GARRETT, DONALD F	NAME	
STREET ADDRESS	821 BUTTONBUSH LANE	STREET ADDRESS	
CITY, STATE	NAPLES FL	CITY, STATE	
TYPE	DV	TYPE	[ ] Change [ ] Addition
NAME	PEACOCK, ROBERT V	NAME	
STREET ADDRESS	2149 PINEWOODS CIR	STREET ADDRESS	
CITY, STATE	NAPLES FL	CITY, STATE	
TYPE	CEO	TYPE	[ ] Change [ ] Addition
NAME	FISH, ALLON R	NAME	
STREET ADDRESS	1985 TIMBERLINE DR	STREET ADDRESS	
CITY, STATE	NAPLES FL	CITY, STATE	

14. I hereby certify that the information supplied with this report, including any and all supplemental information required to be reported pursuant to Section 607.0505, Florida Statutes, is true and accurate. I further certify that the corporation has complied with all applicable provisions of Florida Statutes governing the transaction of business in this state. I hereby acknowledge that I am familiar with the provisions of Section 607.0505, Florida Statutes, and that I am aware of the penalties for false or fraudulent reporting. I further certify that I am an officer or director of the corporation or other agent authorized to execute this report on behalf of the corporation.

SIGNATURE: ALLON R. FISH, CEO 04/30/95 813-262-6141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0327090 CP