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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K35673** **(8)**

1. Corporation Name
NAPLES INTERNATIONAL PARK, INC.

Principal Place of Business	Mailing Address
14850 CRESCENT COVE DRIVE FT. MYERS FL 33908 US	14850 CRESCENT COVE DR FT. MYERS FL 33908-4955 US

3. Date Incorporated or Qualified: 09/29/1988
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business
21 16169 Edgemont Drive
22 Suite, Apt. #, etc.
23 City & State: Ft. Myers Fl
24 Zip: 33908
25 Country: USA

2a. Mailing Address
26 16169 Edgemont Drive
27 Suite, Apt. # etc.
28 City & State: Ft. Myers Fl.
29 Zip: 33908
30 Country: USA

4. FEI Number: 65-0075222 ☐ 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
CHAULK, WILLIS J.
3881 WOODLAKE DR.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 16169 Edgemont Drive
83
84 City: Ft Myers FL 85 Zip Code: 33908

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, type & title of printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CHAULK, WILLIS J.	1.2 NAME	
STREET ADDRESS	14850 CRESCENT COVE DR	1.3 STREET ADDRESS	16169 Edgemont Drive
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Ft. Myers, Fl. 33908
TITLE	PD ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CHAULK, BRENDA P.	2.2 NAME	
STREET ADDRESS	14850 CRESCENT COVE DR	2.3 STREET ADDRESS	16169 Edgemont Drive
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	Ft. Myers, FL. 33908
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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: Brenda P. Chaulk Brenda P. Chaulk 3-20-97 941-481-2530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #