

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **K49419**
1. Corporation Name

(0)

NAPLES GO CART CENTER, INC.

Principal Place of Business

**2400 TARPON RD.
NAPLES FL 34113
US**

Mailing Address

**2306 QUEENS WAY
NAPLES FL 33962
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 34112

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30 34112

9. Name and Address of Current Registered Agent

**PASSIDOMO, KATHLEEN C.
800 LAUREL OAK DRIVE
SUITE 400
NAPLES FL 33963-2738**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1988

4. FEI Number

65-0086103

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Gregory P. Zaino

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

2306 Queens Way

83

84 City **Naples,**

FL

85 Zip Code
34112

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 *Gregory P. Zaino*

8/11/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **ZAINO, GREGARY P.**
STREET ADDRESS **2306 QUEENS WAY**
CITY-STATE-ZIP **NAPLES FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P-S-T-V-P D**
1.2 NAME **Zaino, Gregory P.**
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

**600002629656
-09/01/98--01012--021
***150.00**

14. I 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: *Gregory P. Zaino*

8/11/98

CR2E034 (5/98)

A B BETTER
BUSINESS & TAX SERVICE, INC.



ACCURATE
ACCOUNTING & TAX, INC.



2

August 11, 1998

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Naples Go Cart Center, Inc.
Document #K49419
Form: Annual Report 1998

Dear Ms. Mortham:

Enclosed is the 1998 Annual Return for the above taxpayer.

Obviously the original return was sent to the registered agent of record at that time, as my client has no recollection of having received this form.

Due to the above reason, I hereby request the penalty be waived. Also enclosed is Check #1775 in the amount of \$150.00 which is the amount I requested be authorized for payment.

If there are further questions, I may be reached Monday through Friday from 8:30 a.m. until 5:00 p.m. or by FAX.

Sincerely,

Helen Watson

Helen Watson

HW/cl

Enclosures