

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 16 AM 10:19

DOCUMENT # **K73750** (7)

1. Corporation Name
NAPLES EXECUTIVE BUILDERS, INC.



Principal Place of Business
**C/O JAMES H. SIESKY
1000 NO TAMiami TrL. STE 201
NAPLES FL 33940
US**

Mailing Address
**C/O JAMES H. SIESKY
1000 NO TAMiami TrL. STE 201
NAPLES FL 33940
US**

3. Date Incorporated or Qualified 03/17/1989	3a. Date of Last Report 04/20/1995
4. FEI Number 65-0181342	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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

**SIESKY, JAMES H.
1000 N TAMiami TRAIL, SUITE 201
NAPLES FL 33940**

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

Signature, typed or printed name of officer or director, and date of filing

Signature, typed or printed name of registered agent, and date of filing

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RALSTON, JOHN R. 529 WEST PLACE NAPLES FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	☐ Change ☐ Addition
5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY - ST - ZIP	☐ Change ☐ Addition
9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY - ST - ZIP	☐ Change ☐ Addition
13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY - ST - ZIP	☐ Change ☐ Addition
17. TITLE 18. NAME 19. STREET ADDRESS 20. CITY - ST - ZIP	☐ Change ☐ Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	☐ Change ☐ Addition

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Ralston

9/11/96
Date

598-1184
Daytime Phone #