FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **K92556** **(5)**

1. Corporation Name

NIBLICK OF NAPLES, INC.

Principal Place of Business

C/O JOSEPH D. STEWART ESQUIRE
801 LAUREL OAK DRIVE SUITE 705
NAPLES FL 33963

Mailing Address

C/O JOSEPH D. STEWART ESQUIRE
801 LAUREL OAK DRIVE SUITE 705
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1989
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0130926 — 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 satisfied its intangible tax under s. 199 F.S. Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. # etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. # etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

STEWART, JOSEPH D. ESQUIRE
801 LAUREL OAK DRIVE SUITE 705
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 ______ (Registered Agent) ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOSWELL, BROWN H.
STREET ADDRESS	2675 68TH ST SW
CITY-ST-ZIP	NAPLES FL
TITLE	D
NAME	BOSWELL, PATRICIA
STREET ADDRESS	2675 68TH ST SW
CITY-ST-ZIP	NAPLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO

1) TITLE		☐ Change ☐ Addition
1) NAME		
1) STREET ADDRESS		
1) CITY-ST-ZIP		
2) TITLE		☐ Change ☐ Addition
2) NAME		
2) STREET ADDRESS		
2) CITY-ST-ZIP		
3) TITLE		☐ Change ☐ Addition
3) NAME		
3) STREET ADDRESS		
3) CITY-ST-ZIP		
4) TITLE		☐ Change ☐ Addition
4) NAME		
4) STREET ADDRESS		
4) CITY-ST-ZIP		
5) TITLE		☐ Change ☐ Addition
5) NAME		
5) STREET ADDRESS		
5) CITY-ST-ZIP		
6) TITLE		☐ Change ☐ Addition
6) NAME		
6) STREET ADDRESS		
6) CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is submitted and does not qualify for the exemption stated in Section 119.07(1)(i), Florida Statutes. I further certify that the information indicated on the 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: B H Boswell — President — 1/10/95 — 813 263 4999

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DAYTIME PHONE

BH Boswell

0331449 CP