

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

DOCUMENT # L88581 (8)

1. Corporation Name

TWELVE OAKS DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

~~5030 TAMiami TRAIL~~
~~NAPLES FL 33962~~
~~US~~

PO BOX 8807
NAPLES FL 33941
US

3. Date Incorporated or Qualified
07/24/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2259 QUEENS WAY

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 NAPLES FL

28

Zip

Country

Zip

Country

24 33962

25 USA

29

30

4. FEI Number

65-0211548

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

10. Name and Address of New Registered Agent

ARTHUR G. DAVIS
2259 QUEENS WAY
NAPLES FL 33962

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 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 PTS ☐ DELETE
NAME DAVIS, ARTHUR G.
STREET ADDRESS 701 CRICKET LAKE DR
CITY-STATE-ZIP NAPLES FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2259 QUEENS WAY
1.4 CITY-STATE-ZIP NAPLES FL 33962

TITLE D ☐ DELETE
NAME DAVIS, ARTHUR G.
STREET ADDRESS 701 CRICKET LAKE DR
CITY-STATE-ZIP NAPLES FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS SAME
2.4 CITY-STATE-ZIP

TITLE V ☐ DELETE
NAME DAVIS, ARTHUR G.
STREET ADDRESS 701 CRICKET LAKE DR
CITY-STATE-ZIP NAPLES FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS SAME
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

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

1-26-96

801-655-0376

Date

Daytime Phone #

CR2E034 (12/95)