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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M65785

(1)

1. Corporation Name

THE NAPLES GROUP, INC.



Principal Place of Business

378 GOODLETTE RD S
NAPLES FL 33940
US

Mailing Address

378 GOODLETTE RD S
P O. BOX 783
NAPLES FL 33940
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

33939

U. S.

9. Name and Address of Current Registered Agent

ESTES, PATRICK
6252 S.W. 8TH PLACE
GAINESVILLE FL 32607

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, if applicable,

Date: Registered Agent signature (if applicable), and date

Date

12. OFFICERS AND DIRECTORS

TITLE

DVP

☐ DELETE

NAME

ESTES, PHYLLIS D.

STREET ADDRESS

3384 BALBOA CIRCLE WEST
NAPLES FL

CITY- ST- ZIP

DP

☐ DELETE

NAME

ESTES, BRAD C.

STREET ADDRESS

3384 BALBOA CIRCLE WEST
NAPLES FL

CITY- ST- ZIP

DS

☐ DELETE

NAME

ESTES, PATRICK

STREET ADDRESS

6252 S.W. 8TH PLACE
GAINESVILLE FL

CITY- ST- ZIP

DT

☐ DELETE

NAME

ESTES, AMY

STREET ADDRESS

3384 BALBOA CIRCLE W.
NAPLES FL

CITY- ST- ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- 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, on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAD ESTES

3/24/96

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261-4768

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