

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90093 043 ***150.00

DOCUMENT # M65785

1. Corporation Name

THE NAPLES GROUP, INC.

Principal Place of Business

378 GOODLETTE RD S
NAPLES FL 33940
US

Mailing Address

P.O. BOX 783
NAPLES FL 34106
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1988

4. FEI Number

65-0023906

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 the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 3384 BALBOA CIR. W.

Suite, Apt. #, etc.

22

City & State

23 NAPLES, FL

Zip

24 34105

Country

25 U.S.

2a. Mailing Address

26 3384 BALBOA CIR. W.

Suite, Apt. #, etc.

27

City & State

28 NAPLES, FL

Zip

29 34105

Country

30 U.S.

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

BRAD ESTES

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

3384 BALBOA CIRCLE W.

83

84 City

NAPLES

FL

85 Zip Code

34105

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

4/9/99

12. OFFICERS AND DIRECTORS

TITLE DVP ☐ DELETE

NAME ESTES, PHYLLIS D.

STREET ADDRESS 3384 BALBOA CIRCLE WEST

CITY-ST-ZIP NAPLES FL

TITLE DP ☐ DELETE

NAME ESTES, BRAD C.

STREET ADDRESS 3384 BALBOA CIRCLE WEST

CITY-ST-ZIP NAPLES FL

TITLE DS ☐ DELETE

NAME ESTES, PATRICK

STREET ADDRESS 6252 S.W. 8TH PLACE

CITY-ST-ZIP GAINESVILLE FL

TITLE DT ☐ DELETE

NAME ESTES, AMY

STREET ADDRESS 3384 BALBOA CIRCLE W.

CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3018 PONCE DE LEON
NAPLES FL 34105

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRAD ESTES PRESIDENT 4/9/99 941 564-4089

CR2E034 (11/98)