**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90153 001 \*\*\*150.00

## 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

## **DOCUMENT # M75176**

1. Corporation Name

NAPLES TROLLEY TOURS, INCORPORATED

Principal Place of Business Mailing Address							######################################		
1100 6TH AVE. SOUTH P.O. BOX 9541									
SUITE 227A NAPLES FL 34108						DO NOT WRITE IN	THIS SPACE		
NAPLES FL 34102 US						3. Date Incorporated or Qualified	11110 017102		
000						03/31/1988			
2 Principal P	lace of Business	2a. Mailing Address				4. FEI Number	T` [A	pplied For	
21 1010 6 th Ave. South 26 1010 6th			=Ave-South			65-0049024	<b>⊢</b>	ot Applicable	
Suite, Apt.		Suite, Apt. #, etc.			<u> </u>		\$8.75	Additional	
22		27				5. Certificate of Status Desired	Fee R	equired	
City & State City & State						6. Election Campaign Financing	\$5.00	May Be	
23 March 128 Naples Pl.						Trust Fund Contribution	Added	to Fees	
Zip	Country	- 2///02 -	Country	•		8. This corporation owes the current ye			
24 54	10) 25 45	29 34/02 30	<u>_</u> _	()_		Personal Property Tax.	Yes	<u>∃</u> %o	
	9. Name and Address of Current	Registered Agent	81	Nar		10. Name and Address of New Regist	ered Ageric		
SMIT	TH, RANDALL C.		"	I IVAN	iie				
74 FOUNTAIN CR.			82 Street Addres			ess (P.O. Box Number is Not Acceptable)			
NAPLES FL 34119			83	├-					
1471	22012 01110		0.5						
			84	City			FL 85 Zip	Code	
14 5	1- H	and 607 4509. Florida Statutos #	o abov		ad corpo	pration submits this statement for the purpo	. —	s registered	
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	i Florida. Such change was author	ized by	the co	orporation	n's board of directors. I hereby accept the	appointment as r	egistered	
SIGNATURE		The state of the s		<del></del>	lea d	( when reinstating) DA	TE	}	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			egistered Agent signature required whe			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	.,		1.1 ΠπLE		<u> </u>	7,0011011070111110201101111102	Change		
NAME	SMITH, RANDALL R .		1.2 NAME					1	
STREET ADDRESS	74 FOUNTAINCR		13 STREE	TADORE	-88			ł	
	NADI CO EL		1.4 City-ST-ZIP					1	
CITY-ST-ZIP TITLE			2.1 TITLE		<del></del>		☐ Change	☐ Addition	
NAME			2 2 NAME		ł			ļ	
STREET ADDRESS	" <del>-</del>		2.3 STREET ADDRESS		-88			ĺ	
CITY-ST-ZIP			2.4 CITY-ST-ZIP					}	
TITLE			3.1 TITLE				Change	☐ Addition	
NAME	3.2		3.2 NAME				•	ļ	
STREET ADORESS	·		3.3 STREET ADDRESS		ess				
CITY-ST-ZIP			3.4. CITY-ST-ZIP		ļ			- [	
TITLE			4.1 TITLE		<u> </u>		Change	- Addition	
NAME	, , , , , , , , , , , , , , , , , , ,		4.2 NAME		ļ			į	
STREET ADDRESS			4.3 STREE		ESS			į	
CITY-ST-ZIP			4.4 CITY-5		- · ·			İ	
TMLE	<del> </del>	_					Change	Addition	
NAME	)		5.1 TITLE		i i				
	}	☐ DELETE	5.1 TITLE 5.2 NAME				☐ Change		
}		☐ DELETE		T ADDRE	ESS		- Criange		
STREET ADDRESS		☐ DELETE	5.2 NAME		ESS				

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 requirer or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corpora Block 12 or Block 13 if change ent with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP