FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N26549** **(8)**

FILLABELLY FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4501 TAMIAMI TRAIL N. SUITE 300 NAPLES FL 33940 US	4501 TAMIAMI TRAIL N SUITE 300 NAPLES FL 33940 US

3. Date Incorporated or Qualified: 05/23/1988
3a. Date of Last Report: 02/16/1994
4. FEI Number: 65-0156119 — Applied For / Not Applicable

21	2. Principal Place of Business
22	Suite, Apt. #, etc.
23	City & State
24	Zip
25	Country
26	2a. Mailing Address
27	Suite, Apt. #, etc.
28	City & State
29	Zip
30	Country

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOYLE, ROBERT E., JR.
4501 TAMIAMI TRAIL N.
SUITE 300
NAPLES FL 33940

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: Robert E. Doyle, Jr., Registered Agent 3/22/95
Name of Registered Agent — Registered Agent Signature required after filing — Date

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCDONNELL, MICHAEL R.N.
STREET ADDRESS	720 GOODLETTE RD.
CITY, ST, ZIP	NAPLES FL
TITLE	PD
NAME	DOYLE, ROBERT E.
STREET ADDRESS	3174 E. TAMIAMI TR.
CITY, ST, ZIP	NAPLES FL
TITLE	TD
NAME	LIGGETT, LLOYD N.
STREET ADDRESS	4001 TAMIAMI TR NO.E
CITY, ST, ZIP	NAPLES FL
TITLE	SD
NAME	CROSS, DEBBI .
STREET ADDRESS	3227 SOUTH HORSESHOE DR.
CITY, ST, ZIP	NAPLES FL
TITLE	D
NAME	STEPHEN, JILL
STREET ADDRESS	374 SOUTH GOLF DRIVE
CITY, ST, ZIP	NAPLES FL
TITLE	VD
NAME	DUCAN, ROBERT
STREET ADDRESS	305 FIFTH AVE., S.S202
CITY, ST, ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		☒ Change ☐ Addition
42 NAME	Delete	
43 STREET ADDRESS	Resigned from position	
44 CITY, ST, ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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 this 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 any attachment with an address.

SIGNATURE: Robert E. Doyle, Jr. — 3/22/95 — 813-262-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00158551