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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 29, 1999 8:00am Secretary of State

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DOCU 1. Corporation	MENT # N95000	0005064	-		-			
NAPLES	FREE-NET, INC.							
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Principal Plac	ce of Business	Mailing Address			-			
		PO BOX 222			I (BOILIÙ) BIE IÈIEI OINI BENU DO) (A A A A A A A A A A A A A A A A A A A	ALDE OISH GRANG BE	(113 0 10) 1801
2654 EAST TAMIAMI TRAIL PO BOX 222 NAPLES FL 33962 NAPLES FL 33939								
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2 Principal B	Place of Business	2a. Mailing Address			Date Incorporated or Qualifer			
21		26			10/26/1995	ı		,
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Ani	plied For
22		27			65-0651168		——————————————————————————————————————	t Applicable
City & Stat	te	City & State			E Contitonto of Status Desired		\$8.75 A	
23		28			5. Certificate of Status Desired		Fee Re	quired
Zip	Country	Zip	Cou	ntry	6. Election Campaign Financing	' ' ' ' ' ' '	\$5.00	
24	25 25 25 25 25 25 25 25 25 25 25 25 25 2	29	30		Trust Fund Contribution		Added to	o Fees
	9. Name and Address of Currer	it Registered Agent		81 Name	10. Name and Address of New	Registered	Agent	
50414405	1440		ļ	14ame				1
BONNICE, LAURIE J MLS			[82 Street Add	ress (P.O. Box Number is Not Accep	table)		, ,
186 PEBBLE SHORES DR			}	83				
#201 NAPLES F	EL 24110	•	ļ					
INAPLES	FE 34110		1	84 City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.050 registered agent, or both, in the State	2 and 617.1508, Florida Sta	tutes, the ab	ove-named con	poration submits this statement for the		changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida: Such change wa	s authorized	by the corporati	ion's board of directors. I hereby acce	ept the appoi	ntment as rec	istered
			Florida Statu	tos				1 1 1 2 2 1 1 2 2 4
=		lions of, Section 617.0503, I	Florida Statu	tes.	- 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	કો કે વૈકીને ફૂર	. 14 - 192 V	िर्देशकार्
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SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NO	TE: Registered 13.	tes. Agent signature requin	ed when reinstating)	DATE		(19.91154
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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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, 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:

ICHATUSE RECURSE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

941-513-2284

Daytime Phone #

R2E037 (11/98)