SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700001239

1. Corporation Name

SECOND CHANCE OF NAPLES, INC.

Principal Place of Business 140 FOREST HILLS BLVD NAPLES FL 34113 Mailing Address

140 FOREST HILLS BLVD NAPLES FL 34113

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90014 002 ****61.25



Sulfe, Mpt A, etc. Sulfe, Mpt A, etc. Sulfe, M	Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed 02/28/1997		}	
Country 20	Suite, Apt. #, etc.				De	4. FEI Number	— 		
20	City & State City & State				<u> </u>	5. Certificate of Status Desired	\$8.75 A	dditional	
Second Sections of Current Registered Agent 10, Name and Address of New Registered Agent 11, EUZABETH 140 FOREST HILLS BLVD 15 15 15 15 15 15 15 1	Zip Country // Zip Cou				Hier	,			
HILL, ELIZABETH 140 FOREST HILLS BLVD NAPLES FL 34113 B2 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statuties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statuties. SIGNATURE Signature, 1500 of prices and or registered agent 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 617.0503, Florida Statuties. SIGNATURE Signature, 1500 of Pricers AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. KENT, DOROTHY 4160 CUTILASS LIN 13. STREET ADDRESS CITY-51-2P 14. CONTRACT ADDRESS CITY-51-2P 15. TITLE 15. TITLE 15. TITLE 15. Change Addition 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. TITLE 15. Change Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFICERS AND DI	<u></u>								
14.0 FOREST HILLS BLVD NAPLES FL 34113 B3 B4 City FL B5 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. or both, in the State of Fordia Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and manifest with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Signature, typed or privad native of registered agent and the if applicable. INDE Registered Agent signature regulation) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE Change Addition KENT, DOROTHY 4160 CUTLASS LN 1.3 SIRRET ADDRESS CITY-51-2P NAPLES FL 34113 DELETE 21 TITLE Change Addition 1.4 CITY-51-2P TITLE D CHANGE 4.2 SIRRET ADDRESS CITY-51-2P TITLE DELETE 3.1 TITLE Change Addition Add				81	Name			}	
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NAPLES FL 34113 B3					Sirect Address (F.O. Dox Number is Not Acceptable)				
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Signature, typed or printed name of registered agent and tible if expirations (NOTE expiration required shein refruitable) IANE I	11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
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140 FOREST HILLS BLVD	TITLE	_	☐ DELETE	2.1 TITLE			☐ Change	L] Addition	
NAPLES FL 34113	NAME	HILL, ELIZABETH		2.2 NAME	ł				
TITLE	STREET ADDRESS	140 FOREST HILLS BLVD		2.3 STREET	ADDRESS		-	Ì	
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City State City	CITY-ST-ZIP		,	6.4 CITY-S	T-ZIP				

4. 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 informatic 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 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 734-6433 Daytime Phone #