

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 09, 1999 8:00 am
Secretary of State

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1. Corporation Name

COLLIER COUNTY MICROENTERPRISE CORPORATION

Principal Place of Business

BARNETT CENTER, SUITE 300
4501 TAMiami TRAIL, NORTH
NAPLES FL 34103-3060

Mailing Address

BARNETT CENTER, SUITE 300
4501 TAMiami TRAIL, NORTH
NAPLES FL 34103-3060



2. Principal Place of Business

21 c/o QUARLES & BRADY LLP

Suite, Apt. #, etc.

22 4501 TAMiami TR. N., #300

23 City & State
NAPLES, FL

24 Zip Country
34103-3060 U.S.

2a. Mailing Address

26 c/o QUARLES & BRADY LLP

Suite, Apt. #, etc.

27 4501 Tamiami Tr. N., #300

28 City & State
Naples, FL

29 Zip Country
34103-3060 US

3. Date Incorporated or Qualified

01/02/1998

4. FEI Number
65-0831503

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

9. Name and Address of Current Registered Agent

LAWDOCK, INC.
BARNETT CENTER, SUITE 300
4501 TAMiami TRAIL, NORTH
NAPLES FL 34103-3060

10. Name and Address of New Registered Agent

81 Name
LAWDOCK, INC.

82 Street Address (P.O. Box Number is Not Acceptable)
c/o QUARLES & BRADY LLP

83 4501 Tamiami Trail N., #300

84 City
Naples

85 Zip Code
FL 34103

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME CALA, TERRY
STREET ADDRESS NBD BANK, 4901 TAMiami TRAIL NORTH
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

TITLE D
NAME BRIGHAM, WILLIAM
STREET ADDRESS PELICAN NAT. BANK, 811 ANCHOR RODE DR.
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

TITLE D
NAME KOGER, SHERRY
STREET ADDRESS BARNETT BANK (NATNS BK) 3210 CLEVELAND AVE
CITY-ST-ZIP FORT MYERS FL 33901 ☒ DELETE

TITLE D
NAME HINKLE, SAMUEL F JR.
STREET ADDRESS U.S. TRUST, 765 SEAGATE DRIVE
CITY-ST-ZIP NAPLES FL 34103 ☐ DELETE

TITLE D
NAME JACOB, RODRIGO
STREET ADDRESS POST OFFICE BOX 413021 N/A
CITY-ST-ZIP NAPLES FL 34101 ☒ DELETE

TITLE D
NAME LIU, ANNA
STREET ADDRESS HUNTINGTON BK., 600 FIFTH AVE. S, STE 101
CITY-ST-ZIP NAPLES FL 34102 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE D/VP ☒ Change ☐ Addition
2.2 NAME BRIGHAM, WILLIAM C.
2.3 STREET ADDRESS RENAISSANCE CENTRE, 8695 COLLEGE PKWY, #240
2.4 CITY-ST-ZIP FORT MYERS, FL 33919

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Nancy A. Limb
3.3 STREET ADDRESS 800 Laurel Oak Drive Suite 300
3.4 CITY-ST-ZIP Naples FL 34108

4.1 TITLE D/T ☐ Change ☒ Addition
4.2 NAME KERRY, DAN R.
4.3 STREET ADDRESS 4099 TAMiami TRAIL NORTH
4.4 CITY-ST-ZIP NAPLES, FL 34103

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME Penny Adams Field
5.3 STREET ADDRESS P.O. Box 8208
5.4 CITY-ST-ZIP Naples, FL 34101-8208

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Helene Caseltine ~~Ste 103~~
6.3 STREET ADDRESS 3050 N. Horseshoe Dr. Ste 153
6.4 CITY-ST-ZIP Naples, FL 34104

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 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:

Dan R. Kerry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

941/261-0242
Daytime Phone #

CR2E037 (1198)