## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

**FILED** 

Mar 03 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P23191

(0)

R AND H DEVELOPMENT OF NAPLES INC.											
Principal Plac	e of Business		Mailing Add	dress					.191 01911 01914	. 1400 0101 0101	ia birah kedi
1800 KINGFISH ROAD 1800 KINGFISH ROAD NAPLES FL 34102 NAPLES FL 34362								DO NOT WRIT	F IN THIS	SPACE	
U\$							}	3. Date Incorporated or Qualified		3F AGE	
							1	02/28/1989			
2. Principal P	2a. Mailing	2a. Mailing Address			- +	4. FEI Number			oplied For		
21			26	26				36-3123878			ot Applicable
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.						\$8.75	Additional
22		27					5. Certificate of Status Desired	<u> </u>	Fee Re	equired	
City & State	е		City & Si	City & State			[	6. Election Campaign Financing	_	\$5.00	May Be
23			28					Trust Fund Contribution			
Zip	<del> </del> -	Country	Zip			У	8. This corporation owes or has				
24	25 29 30 9, Name and Address of Current Registered Agent				30		Personal Property Tax due June 30. Personal Property Tax due June 30. Personal No. 10. Name and Address of New Registered Agent				
		Addiess of Ou	India Madistanan wa		8	Name		IV. Hame and Address of New I	oğıstaları	Agoin	
HORNE, JUDITH 1900 KINGFISH ROAD					L						
					Street	t Address	(P.O. Box Number is Not Accepte	ible)			
NAPLES FL 34102					83						
											· · · · · · · · · · · · · · · · · · ·
					84	City			FL	85 Zip i	Code
11. Pursuant i	to the provisions	of Sections 607.	0502 and 607.1508.	Florida Statute	es, the abov	/e-named	d corpora	ation submits this statement for the s board of directors. I hereby acce	purpose of	changing it	s registered
office or re agent. I a	egistered agent, im familiar with, a	or both, in the Si and accept the ob	tate of Florida. Such o oligations of, Section	change was a 607.0505, Flo	authorized b orida Statute	y the col	rporation	's board of directors. I hereby acce	pt the app	ointment as	registered
SIGNATURE			-								
Signature, typed or printed name of registered agent and title II applicable. (NOTE: Registere						jent signatui	re required v		DATE		
12.	20	OFFICERS				13.		ADDITIONS/CHANGES TO OFFI	CERS AND		
TITLE	PD	MEO E		DECEIE	1.1 TITLE		1			Change	Addition
NAME				1.2 N/							
STREET ADDRESS		אטא חס				T ADDRESS	1				
CITY-ST-ZIP TITLE	NAPLES FL STD		<del></del>	DELETE	2.1 TITLE	SI-ZIP	┥			Change	Addition
NAME	HORNE, JU	nitu	_		2.2 NAME		1			C CONNINGO	лавкоп
STREET ADDRESS	1900 KING			2.3 \$							
CITY-ST-ZIP	NAPLES FL	on none			2.4 CITY						
TITLE	TWO LEG TE			DELETE	3.1 TITLE	- D1 - Z11	<del> </del>			Change	Addition
NAME					3.2 NAME		]				
STREET ADDRESS					3.3 STREE	T ADDRESS					
CITY-ST-ZIP					3.4. ÇITY -	ST-ZIP					
TITLE				DELETE	4.1 TITLE		1			Change	Addition
NAME					4. 2 NAMI	į					
STREET ADDRESS					4.3 STREE	T ADDRESS	1			_	
CITY-ST-ZIP					4.4 CITY-	ST-ZIP	<u> </u>				
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STREET ADDRESS					5.3 STREE	T ADDRESS					
CITY-ST-ZIP				T protect	5.4 CITY -	ST-ZIP	ļ		<del></del>		
TITLE			L	DELETE	6.1 TITLE				•	Change	Addition Addition
NAME					6.2 NAME	¥ 1005500					

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.