

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 10:11

DOCUMENT # P92000011329 (9)

1. Corporation Name

BENJAMIN OF NAPLES, INC.

Principal Place of Business

3033 RIVIERA DR
STE 201
NAPLES FL 33940
US

Mailing Address

3033 RIVIERA DRIVE
SUITE 201
NAPLES FL 33940
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/11/1992

3a. Date of Last Report
04/19/1994

4. FEI Number
65-0434482

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUDD, DAVID G
3033 RIVIERA DRIVE
SUITE 201
NAPLES FL 33940

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 607.1506, 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

Signature of Registered Agent or Current Registered Agent with the Filing Date

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-STATE-ZIP

12.5 TITLE
12.6 NAME
12.7 STREET ADDRESS
12.8 CITY-STATE-ZIP

12.9 TITLE
12.10 NAME
12.11 STREET ADDRESS
12.12 CITY-STATE-ZIP

12.13 TITLE
12.14 NAME
12.15 STREET ADDRESS
12.16 CITY-STATE-ZIP

12.17 TITLE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-STATE-ZIP

12.21 TITLE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE ☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

13.5 TITLE ☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY-STATE-ZIP

13.9 TITLE ☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY-STATE-ZIP

13.13 TITLE ☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY-STATE-ZIP

13.17 TITLE ☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY-STATE-ZIP

13.21 TITLE ☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY-STATE-ZIP

14. I 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)(b), 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.

SIGNATURE:

David G. Budd

SIGNATURE AND TYPED OR PRINTED NAME OF BOHANNAN OFFICER OR DIRECTOR
DAVID G. BUDD, VICE PRESIDENT

3/7/95

(813) 263-7700