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FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000006264 (4)

1. Corporation Name  
MANGO'S OF NAPLES, INC.



Principal Place of Business  
815 VANDERBILT BEACH RD  
NAPLES FL 33963  
US

Mailing Address  
851 VANDERBILT BEACH RD  
NAPLES FL 34108-8709  
US

3. Date Incorporated or Qualified  
01/21/1993

3a. Date of Last Report  
04/11/1996

2. Principal Place of Business

21 1794 9th St N

Suite, Apt. #, etc.

22

City & State  
Naples FL

Zip  
34102

Country

24

2a. Mailing Address

26 1794 9th St N

Suite, Apt. #, etc.

27

City & State  
Naples FL

Zip

29 34102

Country

30

4. FEI Number  
26-4893596

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

9. Name and Address of Current Registered Agent

TURNER, AMY  
851 VANDERBILT BEACH RD  
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name  
Turner, Amy - Mango's  
82 Street Address (P.O. Box Number is Not Acceptable)  
1794 9th St N  
83 Coastland Center  
84 City  
Naples FL  
85 Zip Code  
34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Amy Turner*  
Signed and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE  
NAME TURNER, AMY  
STREET ADDRESS 8825 NEW HAVEN CIRCLE  
CITY - ST - ZIP NAPLES FL 34109

TITLE ☒ DELETE  
NAME TURNER, TAMMY  
STREET ADDRESS 1435 12TH ST., N.  
CITY - ST - ZIP NAPLES FL 33940

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE Tammy Turner Kipp ☒ Change ☐ Addition  
2.2 NAME 3252 Regatta Rd  
2.3 STREET ADDRESS Naples FL 34103  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: *Tammy Kipp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97

941-434-1800

Date

Daytime Phone #

CR2E034 (9/96)