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

PROFIT CORPORATION ANNUAL REPORT

1998

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September 1



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000011189 (6)

BORELLI & ASSOCIATES, INC.

Principal Place of Business Mailing Address P O BOX 8211 7215 TORY LANE NAPLES FL 33963 NAPLES FL 33941

FILED Mar 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/12/1993 2. Principal Place of Business 2a. Mailing Address Applied For 4001 Tamiami Trail N 26 65-0387851 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 Suite 240 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes XI NoN/A Zip Country Country 24 34103 34101-8211 30 Personal Property Tax due June 30. 25 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BORELLI, VINCENT G 7215 TORY LANE Street Address (P.O. Box Number is Not Acceptable)
1116 Dormie Dr 82 NAPLES FL 33963 83 3 City Zip Code 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent algnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE X Change Addition TITLE 1.1 TITLE BORELLI, VINCENT 1.2 NAME NAME 7215 TORY LANE STREET ADDRESS 1116 Dormie Dr 1.3 STREET ADDRESS NAPLES FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition TITLE DVST 2.1 TITLE NAME SMITH, E A 2.2 NAME STREET ADORESS 356 CROMWELL CT 2.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE TITLE DUNN, THOMAS B NAME 3.2 NAME **801 LAKE VISTA COURT** STREET ADDRESS 3.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 3.4. CITY-ST-ZIP ASAT DELETE 4.1 TITLE Change Addition **BORELLI, NANCY** NAME 4. 2 NAME 7215 TORY LANE STREET ADDRESS 4.3 STREET ADDRESS 1116 Dormie Dr NAPLES FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition 62 NAME

14. Thereby 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 of 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 changes on an attachment with an address.

SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

STREET ADDRESS

2/19/98