

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995****FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 15 AM 9:19

DOCUMENT # P93000039247 (0)

1. Corporation Name

GENERATION GAP OF COLLIER COUNTY, FLORIDA, INC.

Principal Place of Business

**1160 1ST AVENUE, SOUTH
NAPLES FL 33940**

Mailing Address

**1160 1ST AVENUE, SOUTH
NAPLES FL 33940**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/28/19933a. Date of Last Report
03/16/1994

2. Principal Place of Business

21

Suite, Apt. #, etc

2a. Mailing Address

26

Suite, Apt. #, etc

4. FEI Number
65-0462126Applied For
Not Applicable5. 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

**ALANDER, JUDY
1160 1ST AVENUE, SOUTH
NAPLES FL 33940**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable)

DATE (Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP**PD
ALANDER, JUDY
1160 1ST AVENUE, SOUTH
NAPLES FL**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP**VPD
ALANDER, STEVE
1160 1ST AVE, S
NAPLES FL**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY ST ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/9/95 813 263-4010