

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 11 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051520 (3)

1. Corporation Name

WIGGINS VILLAS, INC.

Principal Place of Business

5027 TAMAMI TRAIL EAST
NAPLES FL 33962

Mailing Address

5027 TAMAMI TRAIL EAST
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/19/1993	3a. Date of Last Report 04/05/1994
4. Fed Number 65-0428859	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. 2063 Trade Center Way

2a. Mailing Address

27. Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23. Naples FL

City & State

28. Naples FL

Zip

24. 33942

Country

25. Collier

Zip

29. Naples FL

Country

30. Naples FL

9. Name and Address of Current Registered Agent

THRUSHMAN, GENE
5027 TAMAMI TRAIL EAST
NAPLES FL 33962

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
2063 Trade Center Way
83. City
Naples
84. State
FL
85. Zip Code
33942

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change ☐ Addition ☐
NAME	THRUSHMAN, GENE	1.2 NAME	
STREET ADDRESS	5027 TAMAMI TRAIL EAST	1.3 STREET ADDRESS	2063 Trade Center Way
CITY - ST - ZIP	NAPLES FL 33962	1.4 CITY - ST - ZIP	NAPLES, Florida 33942
TITLE	D	2.1 TITLE	Change ☐ Addition ☐
NAME	GORMAN, JAMES H	2.2 NAME	
STREET ADDRESS	1135 7TH STREET SOUTH	2.3 STREET ADDRESS	2063 Trade Center Way
CITY - ST - ZIP	NAPLES FL 33940	2.4 CITY - ST - ZIP	Naples, FL 33942
TITLE		3.1 TITLE	Change ☐ Addition ☐
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change ☐ Addition ☐
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change ☐ Addition ☐
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change ☐ Addition ☐
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(9)(k), 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 in continuation with an address.

SIGNATURE

Signature typed or printed name of signing officer or director

3/2/95

Date

813-793-6740

Telephone (Area #)