

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.  
AMOUNT DUE ON OR BEFORE 8/1/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P93000066075 (1)

1. Corporation Name

LOVE NAPLES RENTALS & SALES, INC.

Principal Place of Business

Mailing Address

~~6732 LONE OAK BLVD.~~  
~~NAPLES FL 33942~~

~~2335 TAMiami TRAIL N.~~  
~~STE. 409~~  
~~NAPLES FL 33940~~  
~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
09/17/1993

3a. Date of Last Report  
05/01/1994

4. FEI Number  
65-0491092

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

2a. Mailing Address

21 6706 Lone Oak Blvd.

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 N/A

27

23 City & State  
Naples, Florida

28 City & State

Zip

Country

Zip

Country

24 33942

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASS, RAYMOND L JR  
2335 TAMiami TRAIL NORTH  
STE. 409  
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 607.1508, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

~~TO~~

NAME

~~ELUSON, PATRICIA E~~

STREET ADDRESS

~~6732 LONE OAK BLVD.~~

CITY - ST - ZIP

~~NAPLES FL 33942~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

PD

Thomas A. Gnipp

6706 Lone Oak Blvd.

Naples, Florida 33942

VP, S, T, D

Eileen McCaslin

70 Hickory Road #321

Naples, Florida 33963

☒ Change ☐ Addition

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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)(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 on an attachment with an address.

SIGNATURE:

*Thomas A. Gnipp*

/Thomas A. Gnipp

(941) 434-2122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #