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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000066953 (9)

DOCUMENT #
1. Corporation Name

NAPLES FOSSIL, GEM & MINERAL COMPANY, INC. Mailing Address Principal Place of Business



1200 FIFTH AVE S NAPLES FL 33940		P.O. BOX 533 Naples Fl 33939-0533				
				3. Date Incorporated or Qualified 09/24/1993	3a. Date of Last B 05/01/1	995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 65-0438698	├ ─ -	Applied For
21		26		03/0430080		Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		199.032,
24	9. Name and Address of Current	29	30	Florida Statutes Yes 10. Name and Address of New R		
1325 K	PATRICIA KINGS WAY S FL 33942		81 Name 82 Street Ac	ASY ATKICIA ddress (P.O. Box Number)s Not Acceptab TUI LUNG BIAT Y		
	Λ		84 City /	Aples		33942
11. Pursuant to or registere familiar with SIGNATURE	o the provisions of Sections 607.050? and agent, of both, in the State of Floridate, and riccept the obligations of, Section	a. Such change was aumonze in £07.0 50 0, Florida Statutes.	ed by the corporation's b	oordion submits this statement for the pur oard of directors. I hereby accept the appr	4/29	registered office d agent. I am
	Signature, typed of printed name of roys tended agent a	nd tre l'applicable (NO	FASY TE Registered Astert signature req 13.	(ifred when reinstating)	DATE	NOC IN 150
12.	P OFFICERS AND	DIRECTORS X DELETE	13.	ADDITIONS/CHANGES TO OFF	CERS AND DIRECTO	Addition
TITLE	FAST, BAYMOND G	Na) Morrier	1 2 NAME		[_] Onlings	
NAME	1325 KINGS WAY	$\nu \nu$	1.3 STREET ADDRESS			
STREET ADDRESS	NAPLES FL	//	4 4 0 7 4 0 7 7 0			
CITY-ST-ZIP TITLE	DVST	DELETE	2 1 TITLE	PLESIDENT - VP - Sec - TREAS PLATEICIA TRIDENTE - FA 2761 LONGBOAT DR. NAPLES FI 3394	Change	☐ Addition
NAME	FASY, PATRICIA		2.2 NAME	DILCETOR EN	7	
STREET ADDRESS	1325 KINGS WAY 🥂 🗽	M	2.3 STREET ADDRESS	PATRICIA TRIDENTE-PA	39	
City-ST-ZIP	NAPLES FL 💛		2.4 C/TY-ST-ZIP	2761 LONGBIAT DR. 2294	19	
TITLE		DELETE	3. 1 TITLE	WHIPLES	Change	Addition
NAME			3 2 NAME			
STREET ADDRESS			3.3. STREET ADDRESS			
CITY - ST- ZIP		.,	3.4 CITY- ST- ZIP			
TITLE		DELETE	4. 1 TITLE		☐ Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STHEET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP		<u>-</u>	P
TITLE	1	☐ DELFIE	5. 1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			FD 4449
TITLE		DETELE	6 1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZP	L		6.4 CITY-ST-ZIP	it for the approprian stated in Caption 110	67/60/1 E 11 E	des 16 miles
				iki tor the avenuation stated in Costian 110	CLIPPANIA MARINA CYAL	rec I to id her

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 directifyof the depropration 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 pichanges, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF FRANCE OF SIGNING OFFICER OR DIRECTOR

941-202-7484 Dayline Prome #