

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 07 1997 8:00am
Secretary of State

DOCUMENT # P94000000138 (5)

1. Corporation Name

KELLY, PRICE, PASSIDOMO & SIKET, CHARTERED



Principal Place of Business

Mailing Address

2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 34105
US

2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 34105
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

12/31/1993

05/20/1996

4. FEI Number

Applied For

65-0457802

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 owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SIKET, ANDREW G
2640 GOLDEN GATE PKWY
SUITE 315
NAPLES FL 34105

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KELLY, CHARLES M JR.
STREET ADDRESS 460 15TH AVE S
CITY-ST-ZIP NAPLES FL

☐ DELETE

1.1 TITLE SD
1.2 NAME Kelly, Charles M. Jr.
1.3 STREET ADDRESS 2134 Sevilla Way
1.4 CITY-ST-ZIP Naples, FL 34109

☒ Change ☐ Addition

TITLE TD
NAME PRICE, R. SCOTT
STREET ADDRESS 649 IXORA DRIVE
CITY-ST-ZIP NAPLES FL

☐ DELETE

2.1 TITLE TD
2.2 NAME Price, R. Scott
2.3 STREET ADDRESS 737 Park Shore Drive
2.4 CITY-ST-ZIP Naples, FL 34103

☒ Change ☐ Addition

TITLE SD
NAME SIKET, ANDREW G
STREET ADDRESS 1400 SILVER SANDS AVE.
CITY-ST-ZIP NAPLES FL

☐ DELETE

3.1 TITLE VP
3.2 NAME Siket, Andrew G.
3.3 STREET ADDRESS 1400 Silver Sands Avenue
3.4 CITY-ST-ZIP Naples, FL 34109

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE PD
4.2 NAME Passidomo, Kathleen C.
4.3 STREET ADDRESS 2200 Southwinds Drive
4.4 CITY-ST-ZIP Naples, FL 34102

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 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 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 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:

ANDREW G. SIKET 7/15/97 2640-34105 3

CR2E034 (4/97)