

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000009345 (7)

1. Corporation Name

SAN MIGUEL BUILDING CORPORATION



Principal Place of Business

Mailing Address

134 SAN RAFAEL LANE  
NAPLES FL 33999

134 SAN RAFAEL LANE  
NAPLES FL 33999

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 145 Vista Lane

26 P.O. Box 413005

Suite, Apt #, etc.

Suite, Apt #, etc.

22 City & State

27 Suite 96

23 Naples, FL

28 Naples, FL

Zip

Country

Zip

Country

24 34119

25 USA

29 34101

30 USA

4. FEI Number

65-0526776

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

9. Name and Address of Current Registered Agent

JACOBSON, PAUL  
134 SAN RAFAEL LANE  
NAPLES FL 33999

10. Name and Address of New Registered Agent

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's signature required when reappointing)

8-6-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME JACOBSON, PAUL  
STREET ADDRESS 134 SAN RAFAEL LANE  
CITY-ST-ZIP NAPLES FL 33999

☐ DELETE

TITLE VP  
NAME JONES, RICHARD M.  
STREET ADDRESS 400 5TH AVENUE S, SUITE 201  
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE ST  
NAME JACOBSON, PAUL  
STREET ADDRESS 134 SAN RAFAEL LANE  
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE D  
12 NAME Jacobson, Paul  
13 STREET ADDRESS 145 Vista Lane  
14 CITY-ST-ZIP Naples, FL 34119

Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ST  
32 NAME Jacobson, Paul  
33 STREET ADDRESS 145 Vista Lane  
34 CITY-ST-ZIP Naples, FL 34119

☒ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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)(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 617, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-6-96

Day

Daytime Phone