FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
145 VISTA LANE NAPLES FL 34119 US	P.O. BOX 413005 SUITE 96 NAPLES FL 34101-3005 US

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business
21 800 Laurel Oak Drive
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Naples, Florida
Zip 24 34108 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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: Paul Jacobson
82 Street Address (P.O. Box Number is Not Acceptable): 800 Laurel Oak Drive
83 Suite 200
84 City: Naples FL 85 Zip Code: 34108

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 of the new Registered Agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	JACOBSON, PAUL	1.2 NAME	
STREET ADDRESS	145 VISTA LANE	1.3 STREET ADDRESS	800 Laurel Oak Drive, Suite 200
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, RICHARD M.	2.2 NAME	
STREET ADDRESS	400 5TH AVENUE S, SUTIE 201	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	ST ☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	JACOBSON, PAUL	3.2 NAME	
STREET ADDRESS	145 VISTA LANE	3.3 STREET ADDRESS	800 Laurel Oak Drive, Suite 200
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Paul Jacobson — 3-20-97 — (941)592-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0406302