FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL 25 PM 3: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000018195

1. Corporation Name: NAPLES Property Developments Limited, INC.

Principal Place of Business: 3505 North Rd, NAPLES Florida 333942

Mailing Address: 3505 North Rd, NAPLES Florida 33942

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 3505 North Rd
Suite, Apt #, etc.	22 —
City & State	23 NAPLES, Florida
Zip	24 33942
Country	25 USA
2a. Mailing Address	26 3505 North Rd.
Suite, Apt #, etc.	27 —
City & State	28 NAPLES, Florida
Zip	29 33942
Country	30 USA

3. Date Incorporated or Qualified: 3/4/94
3a. Date of Last Report: First one
4. FEI Number: 65-0479235 ☐ 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

~~Maurice~~ William C. Leach
3505 North Rd
NAPLES Florida
33942

10. Name and Address of New Registered Agent

81 Name: N/A
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: William Charles Leach MD — DATE 5/26/95

12. OFFICERS AND DIRECTORS	
TITLE	President
NAME	William C Leach
STREET ADDRESS	3505 North Rd
CITY-ST-ZIP	Naples, Fl 33942
TITLE	Vice-President
NAME	Maurice C Rip
STREET ADDRESS	29 W Pelican St
CITY-ST-ZIP	Naples, Fl 33962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition)

600001547348
-07/27/95--01076--006
****225.00 ****225.00

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(1)(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: William Charles Leach — Date 5/26/95 — Daytime Phone # 813 455 5902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WILLIAM CHARLES LEACH MD.