

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P94000020829 (5)**

1. Corporation Name  
**ROBIN HOOD OF NAPLES, INC.**



Principal Place of Business <b>2660 AIRPORT ROAD SOUTH NAPLES FL 34112</b>	Mailing Address <b>2660 AIRPORT ROAD SOUTH NAPLES FL 34112-4885</b>
---	--

2. Principal Place of Business 21 <b>4500 EXECUTIVE DR.</b> Suite, Apt. #, etc. 22 <b>SUITE 300</b> City & State 23 <b>NAPLES FL</b> Zip 24 <b>34119</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>4500 EXECUTIVE DR.</b> Suite, Apt. #, etc. 27 <b>SUITE 300</b> City & State 28 <b>NAPLES FL</b> Zip 29 <b>34119</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>03/14/1994</b>	3a. Date of Last Report <b>10/22/1996</b>
4. FEI Number <b>65-0584253</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent <b>STANLEY, JOHN F 2660 AIRPORT ROAD SOUTH NAPLES FL 34112</b>		10. Name and Address of New Registered Agent 81 Name <b>JANET P. KELLY</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4500 EXECUTIVE DRIVE #</b> 83 <b>SUITE 300</b> 84 City <b>NAPLES</b> FL 85 Zip Code <b>34119</b>	
---	--	--	--

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]* **Sec/Treasurer** **3/19/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P&amp;D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARDY, ROBERT S.</b>		1.2 NAME <b>ROBERT PAUL HARDY</b>	
STREET ADDRESS <b>6289 BURNHAM ROAD</b>		1.3 STREET ADDRESS <b>4500 EXECUTIVE DR STE 300</b>	
CITY-ST-ZIP <b>NAPLES FL 34119</b>		1.4 CITY-ST-ZIP <b>NAPLES FL 34119-8408</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STANLEY, JOHN F.</b>		2.2 NAME	
STREET ADDRESS <b>2660 AIRPORT ROAD SOUTH</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>NAPLES FL 34112</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>KELLY, JANET</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>4500 EXECUTIVE DRIVE STE 300</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>NAPLES FL 34119-8408</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* **Janet Kelly** **3/19/97** **(941) 597-9061**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)