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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State 1996 **DIVISION OF CORPORATIONS** P94000024744 (2) DOCUMENT # NAPLES SOUTH TITLE COMPANY, INC. Principa! Place of Business Mailing Address 2660 AIRPORT ROAD SOUTH 2660 AIRPORT ROAD SOUTH NAPLES FL 33962 NAPLES FL 33962 3. Date Incorporated or Qualified 3a. Date of Last Report 03/28/1994 01/18/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 65-0492289 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution $Z_{\rm IP}$ Country Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STANLEY, JOHN F Street Address (P.O. Box Number is Not Acceptable) 82 2660 AIRPORT ROAD SOUTH NAPLES FL 33962 83 84 City 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 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: Flegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE **PSD** DELETE 1. 1 TITLE ☐ Change ☐ Addition NAME STANLEY, JOHN F. 1.2 NAME 2660 AIRPORT RD SOUTH STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST-ZIP TITLE VPTD DELETE 2 1 TITLE Change Addition NAME VEGA. GEORGE 2.2 NAME 2660 AIRPORT RD SOUTH STREET ADDRESS 23 STREET ADDRESS NAPLES FL CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 CITY-51-ZIP 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-SI-ZIP 54 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change NAME ☐ Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SI-ZIF 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 cath; 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 6.4 CITY-ST-ZIP

SIGNATURE:

DEFICER OR DIRECTOR

President

04/25/96

(941) 774-3333

Daytime Phone &