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FILED

May 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000057323 (5)

1. Corporation Name

NAPLES AIR CENTER, INC.

Principal Place of Business

230 AVIATION DRIVE
NAPLES FL 33942

Mailing Address

230 AVIATION DRIVE
NAPLES FL 34104



3. Date Incorporated or Qualified

08/02/1994

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0507824

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

BROWN, DENNIS C
1167 3RD ST SOUTH
STE 107
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Colgrove, Jacob

82 Street Address (P.O. Box Number is Not Acceptable)

1570 Shadowlawn Dr.

83

84 City

Naples

FL

85 Zip Code

34104

11. Pursuant to the provisions of Sections 607.0502 and 607.1518, 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

5/22/97

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME GENTIL, RICHARD J
STREET ADDRESS 2440 GORDON DRIVE
CITY - ST - ZIP NAPLES FL

☒ DELETE

TITLE VS
NAME CALRKE, DANIELLE
STREET ADDRESS 230 AVIATION DR S
CITY - ST - ZIP NAPLES FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP Naples, FL 34102

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME CLARKE, DANIELLE
2.3 STREET ADDRESS 4110 Looking Glass Ln #8
2.4 CITY - ST - ZIP Naples, FL 34112

☒ Change ☐ Addition

3.1 TITLE T
3.2 NAME T. Mark Prince
3.3 STREET ADDRESS 2925 49th St. S.W.
3.4 CITY - ST - ZIP Naples, FL 34116

☐ Change ☒ Addition

4.1 TITLE S
4.2 NAME James F. Doo
4.3 STREET ADDRESS 4585 Lakewood Blvd.
4.4 CITY - ST - ZIP Naples, FL 34112

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

84-26-97(941) 643-1717

Date

Daytime Phone #

CR2E034 (9/96)