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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000090362 (2) **DOCUMENT #**

BOWDEN & BORELLI, INC.

Principal Place of Business Mailing Address 4300 GULF SHORE BLVD. NORTH P.O. BOX 8211 NAPLES FL 33941 DO NOT WRITE IN THIS SPACE NAPLES FL 33940 3. Date Incorporated or Qualified <u>12/14/1994</u> 2. Principal Place of Business 2a. Mailing Address Applied For 4001 Tamiami Trail N 26 65-0539942 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 240 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 26 Trust Fund Contribution Added to Fees Country Zip 7_{ip} Country 8. This corporation owes or has paid the current year Intangible 24 34103 29 34101-8211 Yes 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent R1 Name BUDD, DAVID G 3033 RIVIERA DR. Street Address (P.O. Box Number Is Not Acceptable) **SUITE 201** 83 NAPLES FL 33940 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 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 (NOTL: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition 1.1 TITLE TITLE BOWDEN, JOHN NAME 1.2 NAME 4300 GULF SHORE BLVD., NORTH, STE. 310 4001 Tamiami Trail N. Suite 240 STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP 1.4 CITY-ST-ZIP Naples FL 34103 DELETE Z Change TITLE 2.1 TITLE **BORELLI, VINCENT** 2.2 NAME NAME STREET ADDRESS 4300 GULF SHORE BLVD., NORTH, STE. 310 2.3 STREET ADDRESS 4001 Tamiami Trail N, Suite 240 NAPLES FL 33940 Naples FL 34103 CITY-ST-ZIP 2 4 CiTY-ST-7IP DELETE Change Addition 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME MALIF STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME

14. Thereby certify that the information supplied with this filling 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 for supplemental arrival 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 conjugation 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 chapter 607 or on an attachment with providess it charged or on an attaching it with any iddress.

Busine Enell On

61 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

2/19/98

10/97

Change

Addition

FILED

Feb 26 1998 8:00am

Secretary of State