

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000001487 (4)

1. Corporation Name

MARTHA P. ENRIGHT P.A.



Principal Place of Business

685 PALM VIEW DR. #101  
NAPLES FL 33942  
198 PEBBLE SHORES DR  
NAPLES, FL 34110

Mailing Address

685 PALM VIEW DR. #101  
NAPLES FL 33942  
198 PEBBLE SHORES DR  
NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1995

4. FEI Number

65-0551882

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 198 PEBBLE SHORES DR #101  
Suite, Apt. #, etc.  
22 NAPLES, FL  
City & State

2a. Mailing Address

26 198 PEBBLE SHORES DR #101  
Suite, Apt. #, etc.  
27 101  
City & State

23 Zip Country

24 34110

25

28 Zip Country

29 34110

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9. Name and Address of Current Registered Agent

ENRIGHT, MARTHA P  
685 PALM VIEW DR. 198 PEBBLE SHORES DR #101  
NAPLES FL 33942 NAPLES, FL 34110

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVPS  
NAME ENRIGHT, MARTHA P  
STREET ADDRESS 685 PALM VIEW DR. 198 PEBBLE SHORES DR  
CITY-ST-ZIP NAPLES FL 34110 #101

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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: M. P. Enright, Pres. 421-96 all-call

CR2E034 (10/97)