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CORPORATION ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 26 1998 8:00am Secretary of State

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1990 ELSA ST 1072 FRANK WHITEMAN BLVD NAPLES FL 33942 NAPLES FL 33940 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/07/1995 2. Principal Place of Business 2a. Mailing Address Applied For 5783 SHIRLEY 5783 SHIPLEY 26 65-0565344 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be NAPL NAPLE 23 28 Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30., ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SNYDER, JOHN R 1072 FRANK WHITEMAN BLVD Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 84 City 85 Zip Code FL 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) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TITLE SNYDER, JOHN R NAME 1.2 NAME 1072 FRANK WHITEMAN BLVD STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE SNYDER, TOM E 2.2 NAME NAME STREET ADDRESS 1072 FRANK WHITEMAN BLVD 2.3 STREET ADDRESS NAPLES FL CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TIT/ F 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CiTY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Спаппе Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE \_\_\_ Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

4. 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:

SIGNATURE REQUIRED 1 2. S. A.

1.12.98