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FILED

May 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000033733 (3)

1. Corporation Name  
INDEPENDENT TITLE OF NAPLES, INC.

Principal Place of Business

838 ANCHOR RODE DR.  
NAPLES FL 33940

Mailing Address

838 ANCHOR RODE DR.  
NAPLES FL 34103-2739



2. Principal Place of Business

21 838 Anchor Rode Drive

Suite, Apt. #, etc.

City & State

23 Naples, FL

Zip

24 33940

Country

25 Collier

2a. Mailing Address

26 838 Anchor Rode Dr.

Suite, Apt. #, etc.

City & State

28 Naples, FL

Zip

29 34103-2739

Country

30 Collier

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0575068

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

9. Name and Address of Current Registered Agent

FRANK, ANN T.  
1842 AIRPORT RD. S.  
NAPLES FL 33982

10. Name and Address of New Registered Agent

81 Name

Ann T. Frank

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

2124 Airport Road, Suite 102

83

84 City

Naples

FL

85 Zip Code

34112

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

*Ann T. Frank*

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 P ☐ DELETE

NAME CALI, MARYELLEN  
STREET ADDRESS 838 ANCHOR RODE DR.  
CITY-ST-ZIP NAPLES FL 33940

TITLE V-P ☐ DELETE

NAME LANG, ANNETTE  
STREET ADDRESS 838 ANCHOR RODE DR.  
CITY-ST-ZIP NAPLES FL 33940

TITLE V-P ☐ DELETE

NAME SANDRA B. HOWARD  
STREET ADDRESS 838 ANCHOR RODE DR.  
CITY-ST-ZIP NAPLES FL 33940

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:

*Ann T. Frank*  
Signature: typed or printed name of registered agent and title if applicable  
Date: 5/29/97  
941-649-8853

CR2E034 (9/96)