

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

• PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000041184 (9)**

1. Corporation Name

WILSHIRE PINES DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

**3887 MIDSHORE DRIVE
NAPLES FL 33999**

**3887 MIDSHORE DRIVE
NAPLES FL 33999**

3. Date Incorporated or Qualified
05/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **600 Fifth Ave South**

26 **600 Fifth Ave South**

4. FEI Number
65-0588463

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 207**

27 **Suite 207**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State
Naples, FL

City & State
Naples, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip
33940

Country
USA

Zip
33940

Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUGGER, CAROL R
600 FIFTH AVE., SOUTH, SUITE 210
NAPLES FL 33940**

81 Name
Carol R. Brugger

82 Street Address (P.O. Box Number is Not Acceptable)
600 Fifth Ave South Suite 207

83

84 City
Naples

FL 85 Zip Code
33940

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

Signature of Registered Agent required when reinstating

DATE

4-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME **D BRUGGER, JOHN N** ☐ DELETE
STREET ADDRESS
600 FIFTH AVE., SOUTH, SUITE 210
CITY-ST-ZIP
NAPLES FL 33940

1.1 TITLE
1.2 NAME **PVD Brugger, John N.** ☒ Change ☐ Addition
1.3 STREET ADDRESS
600 Fifth Ave South Suite 207
1.4 CITY-ST-ZIP
Naples, FL 33940

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME **ST Brugger, John N.** ☐ Change ☒ Addition
2.3 STREET ADDRESS
600 Fifth Ave South, Suite 207
2.4 CITY-ST-ZIP
Naples, FL 33940

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96 941-263-6000

CR2E034 (12/95)