FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000043706 (7)**

1. Corporation Name

DOLPHIN MORTGAGE OF NAPLES, INC.

Principal Place of Business	Mailing Address
1567 CHESAPEAKE AVENUE NAPLES FL 33962	1567 CHESAPEAKE AVENUE NAPLES FL 33962

3. Date Incorporated or Qualified: 06/06/1995

3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 3618 Tamiami Trail N	26 3619 Tamiami trail N.
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Naples FL	City & State 28 Naples FL
Zip / Country 24 33940 / 25 Collier USA	Zip / Country 29 33940 / 30 USA

4. FEI Number: 65-058-7900 — 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

BARRETT, JOSEPH T JR.
, 1567 CHESAPEAKE AVENUE
NAPLES FL 33962

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: X _____ DATE: X 5/1/96

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when formatting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Joseph T. Barrett Jr.	1.2 NAME	
STREET ADDRESS	1567 Chesapeake Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	Naples, FL. 33962	1.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Joseph T. Barrett Jr.	2.2 NAME	
STREET ADDRESS	1567 Chesapeake Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Naples FL 33962	2.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Joseph T. Barrett Jr.	3.2 NAME	
STREET ADDRESS	1567 Chesapeake Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Naples FL 33962	3.4 CITY-ST-ZIP	
TITLE	Director (Sole) ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	Joseph T. Barrett Jr.	4.2 NAME	
STREET ADDRESS	1567 Chesapeake Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	Naples FL 33962	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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)(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: X _____ 5/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #