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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000043706 (7)

DOLPHIN MORTGAGE OF NAPLES. INC. Principal Place of Business Mailing Address 3619 TAMIAMI TRAIL N. 3619 TAMIAMI TRAIL N. NAPLES FL-88940 NAPLES FL 40940 DO NOT WRITE IN THIS SPACE 34103 BYIAZ 3. Date Incorporated or Qualified 06/06/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0587900 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required Crty & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name BARRETT, JOSEPH T JR. 1567 CHESAPEAKE AVENUE Street Address (P.O. Box I NAPLES FL 33962 84 Zip Code 34/03 named corporation submits this statement for the purpose of changing its registered he corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abortifice or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute T. BUSKETT JT 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PTS D 1.1 TITLE Change Addition BARRETT, JOSEPH T., JR. oseph Ti Barrett JY NAME 1.2 NAME 1567 CHESAPEAKE AVE. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 33962 CITY-ST-ZIP DELETE TITLE Change Addition 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 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

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 indicated on the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or indicated on 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 attack fent with an accuracy.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CICNATUDE.

STREET ADDRESS

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FILED

Apr 27 1998 8:00am

Secretary of State