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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90021 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000045739

1. Corporation Name

R & V ENTERPRISES OF NAPLES INC.



Principal Place of Business

5210 HEMINGWAY CIRCLE
#2302
NAPLES FL 34116
US

Mailing Address

5210 HEMINGWAY CIRCLE
#2302
NAPLES FL 33963
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/02/1995

4. FEI Number

65-0602158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2301 51st Terr. S.W.

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FLORIDA

24 Zip

34116

Country

25 COLLIER

2a. Mailing Address

26 2301 51st Terr. S.W.

Suite, Apt. #, etc.

27 City & State

28 NAPLES, FLORIDA

Zip

34116

Country

30 COLLIER

9. Name and Address of Current Registered Agent

LYRISTAKIS, VICTORIA A
5210 HEMINGWAY CIRCLE
#2302
NAPLES FL 34116

10. Name and Address of New Registered Agent

81 Name

VICTORIA A. MICHAELS

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

2301 51st Terr. S.W.

83

84 City

NAPLES

FL

85 Zip Code

34116

11. Pursuant to the provisions of Sections 607.05(2) 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

Victoria A. Michaels
Signature, typed or printed name of registered agent and title if applicable

VICTORIA A. MICHAELS

President

4/25/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVT
NAME VICTORIA A. LYRISTAKIS
STREET ADDRESS 628 102ND AVE., N.
CITY-ST-ZIP NAPLES FL
☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVT
1.2 NAME VICTORIA A. MICHAELS
1.3 STREET ADDRESS 2301 51st Terr. SW
1.4 CITY-ST-ZIP NAPLES, FL 34116
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

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

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 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, with all other like empowered.

SIGNATURE:

Victoria A. Michaels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICTORIA A. MICHAELS

4/25/99

Date

(941) 455-1355

Daytime Phone #

CR2E034 (11/98)

0460097