

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 05 1997 8:00am
Secretary of State

DOCUMENT # P95000059672 (2)

1. Corporation Name

G.C. DEVELOPERS OF NAPLES, INC.



Principal Place of Business

2375 TAMiami TRAIL NORTH, STE. 208
NAPLES FL 33940

Mailing Address

2375 TAMiami TRAIL NORTH, STE. 208
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/31/1995
3a. Date of Last Report 01/23/1996

4. FEI Number 65-0600386
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 3838 TAMiami TRAIL N

Suite, Apt. #, etc.

22 410

City & State

23 NAPLES FL

Zip

24 34103

Country

25 USA

2a. Mailing Address

26 3838 TAMiami TR. N

Suite, Apt. #, etc.

27 410

City & State

28 NAPLES FL

Zip

29 34103

Country

30 USA

9. Name and Address of Current Registered Agent

CHEFFY, JANE Y
2375 TAMiami TRAIL NORTH, STE. 208
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name J. THOMAS CONROY
82 Street Address (P.O. Box Number is Not Acceptable) 3838 TAMiami TR. NO.
83 #402
84 City NAPLES FL 85 Zip Code 34103

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/25/97

12. OFFICERS AND DIRECTORS

TITLE DPVS
NAME KESSOUS, MICHAEL
STREET ADDRESS 2375 TAMiami TRAIL NORTH, STE. 208
CITY-ST-ZIP NAPLES FL 33940

TITLE T
NAME KESSOUS, MICHAEL
STREET ADDRESS 2375 TAMiami TRAIL NORTH, STE. 208
CITY-ST-ZIP NAPLES FL 33940

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 3838 TAMiami TR. N, STE. 410
1.4 CITY-ST-ZIP NAPLES, FL 34103

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3838 TAMiami TR. N, STE. 410
2.4 CITY-ST-ZIP NAPLES, FL 34103

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

SIGNATURE REQUIRED

8/1/97

CR2E034 (4/97)