

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 # P95000069141 (6)

1. Corporation Name

BAY COLONY OF NAPLES, INC.



Principal Place of Business

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

Mailing Address

801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

3. Date Incorporated or Qualified

09/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
65-0323732

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

10. Name and Address of New Registered Agent

HASTINGS, VIVIEN H
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 33963

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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when not waived)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOTE, B. R	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HASTINGS, V. N	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARLSON, A. J	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	
CITY - ST - ZIP	NAPLES FL 33963	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T. P. Archer	
4.3 STREET ADDRESS	801 Laurel Oak Drive, #102	
4.4 CITY - ST - ZIP	Naples, FL 33963	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S. R. Whitney	
5.3 STREET ADDRESS	801 Laurel Oak Drive, #500	
5.4 CITY - ST - ZIP	Naples, FL 33963	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

V. N. Hastings
V. N. Hastings, Secretary

3/15/96 (941) 597-6061

File

Daytime Phone #

CR2E034 (12/95)