

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000000344 (7)

1. Corporation Name

GULF COAST NANNIES, INC.

~~Nannies Gulf Coast Nannies, Inc.~~

Principal Place of Business

5051 CASTELLO DRIVE
SUITE 40
NAPLES FL 33940

Mailing Address

5051 CASTELLO DRIVE
SUITE 40
NAPLES FL 34103-8084



3. Date Incorporated or Qualified
01/02/1996

3a. Date of Last Report

4. FEI Number

65-0624773

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

2. Principal Place of Business

21 10621 Airport-Pulling Rd

Suite, Apt. #, etc

22 #1

City & State

23 Naples, FL

Zip

24 34109

Country

25 US

2a. Mailing Address

26 10621 Airport-Pulling Rd

Suite, Apt. #, etc.

27 #1

City & State

28 Naples, FL

Zip

29 34109

Country

30 US

9. Name and Address of Current Registered Agent

SCHNEE, FRAN S
5051 CASTELLO DRIVE
SUITE 40
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

Leo Salvatori

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

4501 Tamiami Trail N. #300

83

84 City

Naples

FL

85 Zip Code

34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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

4/28/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME SCHNEE, FRAN S
STREET ADDRESS 5051 CASTELLO DRIVE, SUITE 40
CITY-ST-ZIP NAPLES FL 33940

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 10621 Airport-Pulling Rd. #1

1.4 CITY-ST-ZIP Naples, FL 34109

2.1 TITLE VP ☐ Change ☒ Addition

2.2 NAME Diane Kibbey

2.3 STREET ADDRESS 10621 Airport-Pulling Rd. #1

2.4 CITY-ST-ZIP Naples, FL 34109

3.1 TITLE S ☐ Change ☐ Addition

3.2 NAME Candy Sweet

3.3 STREET ADDRESS 10621 Airport-Pulling Rd. #1

3.4 CITY-ST-ZIP Naples, FL 34109

4.1 TITLE T ☐ Change ☐ Addition

4.2 NAME Gwen L. Mobley

4.3 STREET ADDRESS 10621 Airport-Pulling Rd. #1

4.4 CITY-ST-ZIP Naples, FL 34109

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: Fran Schneer REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97 (941)594-0077

CR2E034 (9/96)