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

Mailing Address

850 PARK SHORE OR

NAPLES FL 34103

US

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

850 PARK SHORE DR

NAPLES FL 34103

SIGNATURE



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000048574 (3)

WILLOUGHBY DEVELOPMENT GROUP, INC.

2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 65-0675296 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WHITELAW, JENNIFER L 850 PARK SHORE DR Street Address (P.O. Box Number is Not Acceptable) 203 83 NAPLES FL 34103 84 City 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 title it applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Change Addition WILLOUGHBY, JONI M WILLOUGHBY, JOSEPH E NAME 1.2 NAME 14520 DORY LANE 14520 DORY LANE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL FT MYERS, FL 33908 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIFLE DVP 2.1 TITLE MCKENZIE, JOSEPH NAME 2.2 NAME 14520 DORY LN 2.3 STREET ADDRESS STREET ADDRESS FT MYERS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME **6.3 STREET ADORESS** STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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.

FILED Apr 15 1998 8:00am Secretary of State

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/2/58

06/04/1996

CR2E034 (10