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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000079834 (3)

SAWGRASS OF NAPLES, INC.

Principal Place of Business		Mailing Address			1 TABLIDEL 110 ID110 GILLL GBILL BRILL BRILL BRILL BRILL GRUD inter ibiob riter Bran jabr				
409 CANDLEWOON NAPLES FL 34110		409 CANDLEWOOD LANE NAPLES FL 34110-1179							
,						3.	Date Incorporated or Qualified 09/23/1996	}	Date of Last Report
2. Principal Plac	e of Business	2a. Mailing Addre	2a. Mailing Address		4,	FEI Number		Applied For	
21		26			<b>65-0703930</b>			Not Applicable	
Suite, Apt #.	etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State		City & State 28				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip 24	Country 25	Ζιρ <b>29</b>	30	untry		8.	This corporation has liability for in Florida Statutes		ole tax under s. 199.032,
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent  81 Name				
PEEPLES, C. PERRY ESQ. 800 LAUREL OAK DRIVE					Name				
SUITE 400					Street Addre	955 (	P.O. Box Number is Not Acceptab	 	
NAPLES FL 34108					ì				

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.

84 City

SIGNATURE Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) TITLE DELETE 11 TITLE Change ☐ Addition MCCULLOUGH, RICHARD F NAME 1.2 NAME **409 CANDLEWOOD LANE** 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 34110 CITY - ST - ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CDY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY - ST - ZIP 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 or on an attachment with an address. RICHARD F. MCCULLOUGH

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97 Date

Daytime Phone #

85 Zip Code

**FILED** 

May 07 1997 8:00am

Secretary of State