SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Aug 13, 1999 8:00 am Secretary of State 08-13-1999 90010 019 ***550.00

DOCUMENT # 1. Corporation Name

	BUILDING CORPORATION	I OF NAPLES, INC.	•		
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1					
Principal Place	e of Business	Mailing Address		1 (30)(83) (10)6(6 100) 00()) 00()) 00()	MENT MANTE MUSS BIOGRA INTER 1816 SEAL
11558 E TAMIAMI TRL 2347 PINEWOOD CIRCLE					
NAPLES FL 34113 NAPLES FL 34105					
US				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified	
		<u>. </u>		01/03/1997	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0721923	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23				Trust Fund Contribution	Added_to_Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24		[29]	30	Intangible Personal Property.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registere	a Agent
STA	ANIEV JOHN E		81 Name		
STANLEY, JOHN F 2660 AIRPORT RD SOUTH			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	PLES FL 34112				
11/4	TEO FE 34112		83		
			84 City		85 Zip Code
			i i i	F	_
11. Pursuani	t to the provisions of sections 607.0	502 and 607.1508, Florida Statute	es, the above-named corpo	pration submits this statement for the purpose of	changing its registered
office of agent. I	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such change was a ligations of, section 607.0505, Flo	authorized by the corporati orida Statutes.	ion's board of directors. I hereby accept the app	Jointinent as registered
SIGNATURE	,,				
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable. (NO	DTE: Registered Agent signature req	uired when reinstating) DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PDVS	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HORNE, JEFFREY S		1.2 NAME		
STREET ADDRESS	2347 PINE WOOD CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZiP	NAPLES FL 34105		1.3 STREET ADDRESS		
TITLE			1.4 CITY-ST-Z/P		
7		DELETE			Change Addition
NAME		DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS		DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
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6.4 CITY-ST-ZIP 14. I 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 go in attachment with an address.

SIGNATURE:

CITY-ST-ZIP