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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9700050338 (7)

NAPLES AUTO UPHOLSTERY, INC.

## FILED May 12 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4937 21ST AVE. B.W. 4937 21ST AVE. S.W. NAPLES FL 34116 NAPLES FL 34116 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/01/1997 Principal Place of Business

Substitute of Susiness Mailing Address SUB Er Applied For FU190126 Not Applicable Suite Apt #, etc \$8.75 Additional Certificate of Status Desired Fee Required 27 6. Election Campaign Financing \$5.00 May Be FIDUIDO Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Waller Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HAMPTON, JOHN H 4937 21ST AVE. S.W. Street Address (P.O. Box Number is Not Acceptable) 82 NAPLES FL 34116 83 84 City Zip Code 85 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 if applicable (NOTE: Registered Agent signature required whon reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. DELETE ☐ Change Addition TITLE 1.1 TIBLE HAMPTON, JOHN H 1.2 NAME NAME 4937 21ST AVE. S.W. STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34116 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE Addition 2.1 TITLE HAMPTON, JANETT NAME 2.2 NAME 4937 21ST AVE. S.W. STREET ADDRESS 2.3 STREET ADDRESS NAPLES FL 34116 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-Z#P

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 13 if changed, or on an attachment with an address

UNIVERSITY OF