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

PROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED May 18 1998 8:00am Secretary of State

1998 DIVISION OF CORPORATIONS DOCUMENT # P97000050634 (9) NAPLES TRADING COMPANY Principal Place of Business Mailing Address 6106 26TH AVENUE SOUTHWEST POST OFFICE BOX 8536 NAPLES FL 34118-6722 NAPLES FL 34101-8536 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/06/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Zip Country Zω Country This corporation owes or has paid the current year Intangible Yes ☐ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SQUITTIERI, CHRISTOPHER J 6106 26TH AVENUE SOUTHWEST 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34116-6722 83 Cily 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 bild if applicable (NOTE Registered Agent a gnature required when roinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE DIRECTOR Change Addition 1.1 TITLE CHRISTOPHER J. SQUITHERI NAME 6106 26th AV SW. STREET ADDRESS 1.3 STREET ADDRESS NAPLES, FL 34116-6722 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 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 logal effect as if made under eath, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 if changed, on on an attachment with an address.

CR2E034 (10/97