

5-21-98 B7764C  
**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000071504 (9)**  
 1. Corporation Name  
**NAPLES-LAWDOCK, INC.**



Principal Place of Business Mailing Address

**BARNETT CENTER**  
**4501 TAMiami TR N. STE 300**  
**NAPLES FL 34103-3060**

**BARNETT CENTER**  
**4501 TAMiami TR N. STE 300**  
**NAPLES FL 34103-3060**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
**08/18/1997**

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**DOYLE, ROBERT E JR.**  
**BARNETT CENTER**  
**4501 TAMiami TR N, STE 300**  
**NAPLES FL 34103-3060**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director and Vice. Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOYLE, ROBERT E JR.</b>	1.2 NAME	<b>Doyle, Robert E., Jr.</b>
STREET ADDRESS	<b>BARNETT CENTER, 4501 TAMiami TR N, STE 300</b>	1.3 STREET ADDRESS	<b>Barnett Ctr., 4501 Tamiami Tr. N., #300</b>
CITY-ST-ZIP	<b>NAPLES FL 34103-3060</b>	1.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>F. Joseph McMackin III</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Barnett Ctr., 4501 Tamiami Tr. N., #300</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Leo J. Salvatori</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Barnett Ctr., 4501 Tamiami Tr. N., #300</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>David L. Petersen</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>Barnett Ctr., 4501 Tamiami Tr. N., #300</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>Kimberly Leach Johnson</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Barnett Ctr., 4501 Tamiami Tr. N., #300</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Timothy G. Hains</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Barnett Ctr., 4501 Tamiami Tr. N., #300</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>

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 incorporator 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 on a separate block with an address.

CP2E034 (10/97)

*[Handwritten signatures and dates]*  
 5/1/98 941 2625959