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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000071504**

1. Corporation Name
NAPLES-LAWDOCK, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
~~BARNETT CENTER~~
 4501 TAMIAMI TR N, STE 300
 NAPLES FL 34103-3060

Mailing Address
~~BARNETT CENTER~~
 4501 TAMIAMI TR N, STE 300
 NAPLES FL 34103-3060

3. Date Incorporated or Qualified
08/18/1997

4. FEI Number
APPLIED FOR 59-3473846

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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 Zip Country
 30

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
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DOYLE, ROBERT E JR.	
STREET ADDRESS	BARNETT CENTER , 4501 TAMIAMI TR N, STE 300	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCMACKIN, F. JOSEPH III	
STREET ADDRESS	BARNETT CTR 4501 TAMIAMI TR N #300	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SALVATORI, LEO J	
STREET ADDRESS	BARNETT CTR 4501 TAMIAMI TR N #300	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PETERSEN, DAVID L	
STREET ADDRESS	BARNETT CTR 4501 TAMIAMI TR N #300	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHNSON, KIMBERLY LEACH	
STREET ADDRESS	BARNETT CTR 4501 TAMIAMI TR N #300	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAINS, TIMOTHY G	
STREET ADDRESS	BARNETT CTR 4501 TAMIAMI TR N #300	
CITY-ST-ZIP	NAPLES FL 34103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert E. Doyle* **01-04-99** (941) 262-5959
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)