

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90098 009 \*\*\*150.00

**DOCUMENT # P98000009356**

1. Corporation Name  
**ECST NAPLES, INC.**

Principal Place of Business  
**2600 GOLDEN GATE PARKWAY  
SUITE 200  
NAPLES FL 34105**

Mailing Address  
**2600 GOLDEN GATE PARKWAY  
SUITE 200  
NAPLES FL 34105**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/29/1998**

4. FEI Number

**59-3495774**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$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 25

2a. Mailing Address

26 P.O. Box 413038

Suite, Apt. #, etc.

27 City & State

28 Naples, FL

29 Zip 34101 Country USA

30

9. Name and Address of Current Registered Agent

**PRICE, R S  
2640 GOLDEN GATE PARKWAY  
SUITE 315  
NAPLES FL 34105-3203**

10. Name and Address of New Registered Agent

81 Name **Paul J. Marinelli**

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

**2600 Golden Gate Pkwy.**

83

84 City **Naples**

**FL**

85 Zip Code  
**34105**

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 **Paul J. Marinelli**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-30-99**

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **Paul J. Marinelli**

STREET ADDRESS **2600 Golden Gate Pkwy.**

CITY-ST-ZIP **Naples, FL 34105**

TITLE **ST** ☐ DELETE

NAME **Bradley A. Boaz**

STREET ADDRESS **2600 Golden Gate Pkwy.**

CITY-ST-ZIP **Naples, FL 34105**

TITLE **DC** ☐ DELETE

NAME **Juliet C. Sproul**

STREET ADDRESS **2600 Golden Gate Pkwy.**

CITY-ST-ZIP **Naples, FL 34105**

TITLE **D** ☐ DELETE

NAME **Harold S. Lynton**

STREET ADDRESS **2600 Golden Gate Pkwy.**

CITY-ST-ZIP **Naples, FL 34105**

TITLE **D** ☐ DELETE

NAME **Lloyd G. Hendry**

STREET ADDRESS **2600 Golden Gate Pkwy.**

CITY-ST-ZIP **Naples, FL 34105**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

**Paul J. Marinelli, President**

**SIGNATURE:** **REQUIRED**

**3-30-99**

**941 262-2600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0463300

288365-90098-9  
p98 000009356

1999 OFFICERS AND DIRECTORS

OFFICER/  
DIRECTOR

ECST NAPLES, INC.  
(FEI # 59-3495774)

P	Paul J. Marinelli
RA	2600 Golden Gate Parkway Naples, FL 34105
S/T	Bradley A. Boaz 2600 Golden Gate Parkway Naples, FL 34105
C/D	Juliet C. Sproul 2600 Golden Gate Parkway Naples, FL 34105
D	Harold S. Lynton 2600 Golden Gate Parkway Naples, FL 34105
D	Lloyd G. Hendry 2600 Golden Gate Parkway Naples, FL 34105