

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

DOCUMENT # P98000046044

1. Corporation Name

OLD NAPLES GENERAL STORE, INC.

Principal Place of Business

1100 6TH AVENUE SOUTH #227A
NAPLES FL 34102

Mailing Address

1100 6TH AVENUE SOUTH #227A
NAPLES FL 34102

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90041 027 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

59-3511817

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1010 6th Ave. South

2a. Mailing Address

26 1010 6th Ave. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Naples, FL

27 City & State

28 Naples, FL

24 Zip

34102

25 Country

US

29 Zip

34102

30 Country

US

9. Name and Address of Current Registered Agent

COLEMAN, KEVIN G ESQUIRE
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

SMITH, RANDALL R.

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

74 Fountain CR

83

84 City

Naples

FL

85 Zip Code

34119

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 when reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME SMITH, RANDALL R
STREET ADDRESS 1100 6TH AVENUE SOUTH #227A
CITY-ST-ZIP NAPLES FL 34102

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Smith, Randall R.
74 Fountain CR
Naples, FL 34102

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/99

(941) 263-7400

CR2E034 (11/98)