

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90076 005 ***150.00

DOCUMENT # S04833

1. Corporation Name
BUYERS' REALTY OF NAPLES, INC.

Principal Place of Business
4501 TAMiami TRAIL NORTH, SUITE 318
NAPLES FL 33940

Mailing Address
4501 TAMiami TRAIL NORTH, SUITE 318
NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/05/1990

4. FEI Number

65-0219295

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

801 Laurel Oak Drive
Suite, Apt. #, etc.

2a. Mailing Address

801 Laurel Oak Drive
Suite, Apt. #, etc.

Suite 400

City & State

Suite 400

City & State

Naples, FL

Naples, FL

Zip

Country

34108

25

USA

Zip

Country

34108

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LESTER, DON, E
4501 TAMiami TRAIL NORTH
SUITE 318
NAPLES FL 33940

81 Name DON E. LESTER

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

801 Laurel Oak Drive

83 Suite 400

84 City
Naples.

FL

85 Zip Code
34108

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

Don E. Lester

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE

NAME LESTER, SUZANNE F
STREET ADDRESS 6400 16TH AVENUE NW
CITY-ST-ZIP NAPLES FL 34119

TITLE T ☐ DELETE

NAME LESTER, DEAN C
STREET ADDRESS 526 MARGARET DRIVE #1101
CITY-ST-ZIP ORLANDO FL 32812

TITLE VP ☐ DELETE

NAME WICKLIFFE, CHARLES D
STREET ADDRESS 27056 JARVIS ROAD
CITY-ST-ZIP BONITA SPRINGS FL 34135

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

9927 Kona Isle Ct.
Orlando, FL 32817

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don E. Lester 4/29/99 941 593-6000

Date

Daytime Phone #

CR2E034 (11/98)