## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # \$43882

(7)

TRADELINK-NAPLES, INC.

Principal Place of Business	Mailing Address
PO BOX 10159	PO BOX 10159
NAPLES FL 33941-0159	NAPLES FL 33941-015



					3. Date Incorporated or Qualified 3a. Date of Last Report				t Report	
							1			/1995
Principal Place of Busine	ess	2a	. Mailing Address				4. FEI Number			Applied For
		26	-				65-0256750		Γ	Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		28	City & State				Election Campaign Financing     Trust Fund Contribution			.00 May Be Ided to Fees
Zip	Country 25	29	Zip	30	intry				unde	rs 199.032,
							10. Name and Address of New Registered Agent			
					81	Name				
GOLLY, RONALD B.				82	Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	- · · ·				83					
					84	City		FL.	85	Zip Code
	Suite, Apt. #, etc. City & State Zip  9. Name GOLLY, RONALD 10610 REGENT (	City & State  Zip Country  25  9. Name and Address of Current	Suite, Apt. #, etc.  City & State  Zip Country 25 29  9. Name and Address of Current Register  GOLLY, RONALD B. 10610 REGENT CIR	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  25  9, Name and Address of Current Registered Agent  GOLLY, RONALD B. 10610 REGENT CIR	26	26	26	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  25  29  30  Country  8. This corporation has liability for in Florida Statutes  Florida Statutes  9. Name and Address of Current Registered Agent  GOLLY, RONALD B.  10610 REGENT CIR NAPLES FL 33942  Rote Suite, Apt. #, etc.  5. Certificate of Status Desired  5. Certificate of Status Desired  Country  8. This corporation has liability for in Florida Statutes  Florida Statutes  10. Name and Address of New Reserved Address of New Reserved Address (P.O. Box Number is Not Acceptable Address FL 33942	Principal Place of Business  2a. Mailing Address 25  Suite, Apt. #, etc.  5. Certificate of Status Desired  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  And Address of Current Registered Agent  GOLLY, RONALD B. 10610 REGENT CIR NAPLES FL 33942  City & Country  Principal Place of Business  2a. Mailing Address  Suite, Apt. #, etc.  City & State  City & Country  And City  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  Country  Suite, Apt. #, etc.  City & State  City & State  City & Status Desired  Trust Fund Contribution  Trust Fund Contribution  City & Status Desired  Trust Fund Contribution  Trust Fund Contribution  City & Status Desired  Trust Fund Contribution  Trust	Principal Place of Business  28. Mailing Address 26.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country 25.  Q9. Name and Address of Current Registered Agent  GOLLY, RONALD B. 10610 REGENT CIR NAPLES FL 33942  28. Mailing Address 26. Mailing Address 4. FEI Number 65-0256750  5. Certificate of Status Desired

11. Fursuant 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. Buch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 807.0505, Florida Statutes.

	•				Į.
SIGNATURE	grature, typed or printed name of registered agent and their applicable	e (NOTE: Re	agistered Agent's gnature rec	guired when reinstating) DATE.	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	DP	DELETE	1. 1 TOTLE	Change	☐ Addition
NAME	CEGELKA, WALTER J		1.2 NAME		
STREET ADDRESS	12020 N.W. 26TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	2 1 TITLE	☐ Change	Addition
NAME	GOLLY, RONALD B		2.2 NAME		ļ
STREET ADDRESS	10610 REGENT CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3. 1 TITLE	Change	☐ Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY-S1-ZIP			3 4 CITY-ST-7IP		Park 1 (2)
TITLE		□ DELETE	4. 1 TITLE	☐ Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE	Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CHY-ST-ZIP		C) Addition
TITLE		DELETE	6 1 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP		•	6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 816ct, 13 if changed, or on an attachment with an address.

SIGNATURE: PULL BOLLY ROUND R. COLLY SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/16 (941) 261-4114 Daylor Prone 1 :R2E034 (12/95)