

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

1062

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S46228

(0)

1. Corporation Name

S & S OF NAPLES, INC.

FILED

97 SEP 12 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

715 10TH STREET SO  
NAPLES FL 33940

Mailing Address

715 10TH STREET SO  
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1991

3a. Date of Last Report

04/08/1996

4. FEI Number

65-0262775

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 329 Neapolitan Way

Suite, Apt. #, etc.

City & State

23 NAPLES FL

Zip

24 34103

Country

25 U.S.A

2a. Mailing Address

26 329 Neapolitan Way

Suite, Apt. #, etc.

City & State

28 Naples, FL

Zip

29 34103

Country

30 U.S.A

9. Name and Address of Current Registered Agent

MONTES, SERGIO E. G.  
715 10TH STREET SOUTH  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

329 Neapolitan Way

83

84 City

Naples

FL

85 Zip Code

34103

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DPT  
STREET ADDRESS MONTES, SERGIO E G  
CITY-ST-ZIP 715 10TH ST SOUTH  
NAPLES FL

TITLE ☐ DELETE

NAME DS  
STREET ADDRESS HOLE, STANLEY W  
CITY-ST-ZIP 715 10TH ST SOUTH  
NAPLES FL

TITLE ☐ DELETE

NAME DV  
STREET ADDRESS TAYLOR, THOMAS M.  
CITY-ST-ZIP 715 10TH ST. S  
NAPLES, FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 329 Neapolitan Way  
1.4 CITY-ST-ZIP Naples, FL 34103

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 100002294881  
-09/16/97--01029--011  
\*\*\*\*165.00 \*\*\*\*165.00

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 do 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.

SIGNATURE:

Sergio E. G. Montes

7/20/97

941-241-5861

CR2E034 (4/97)