

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

CORPORATION
ANNUAL REPORT

1995 6-20



FLORIDA DEPARTMENT OF STATE

Sanford P. Northam
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 20 AM 9:19

DOCUMENT # S86512 (8)

1. Corporation Name

TOMKAT ENTERPRISES OF COLLIER COUNTY, INC.

Principal Place of Business

Mailing Address

2291 QUEENS WAY
NAPLES FL 33962

2291 QUEENS WAY
NAPLES FL 33962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1991

3a. Date of Last Report

06/16/1994

4. FEI Number

65-0294875

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAINS, TIMOTHY G
4501 N. TAMiami TRAIL
SUITE 300
NAPLES FL 33940

81 Name

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

83

84 City

FL

85

Zip Code

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PTD
THOMAS M TAYLOR
2291 QUEENS WAY
NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
VSD
DONNA M TAYLOR
2291 QUEENS WAY
NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
V
TIMOTHY G HAINS
4174 E TAMiami TRAIL
NAPLES FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
TIMOTHY G. HAINS
4501 N. TAMiami TRAIL, SUITE 300
NAPLES, FL 33940
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

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 110.07(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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Thomas M. Taylor Thomas M. Taylor

6/15/95

(813) 262-4617

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Customer Number