

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S86512** (8)

1. Corporation Name

TOMKAT ENTERPRISES OF COLLIER COUNTY, INC.



Principal Place of Business

**2291 QUEENS WAY
NAPLES FL 33962**

Mailing Address

**2291 QUEENS WAY
NAPLES FL 33962**

3. Date Incorporated or Qualified

10/10/1991

3a. Date of Last Report

06/20/1995

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

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
Added to Fees**

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **V
TIMOTHY G HAINS**
STREET ADDRESS **4501 N TAMiami TRAIL, SUITE 300**
CITY-ST-ZIP **NAPLES FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

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4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME ☐ DELETE

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CITY-ST-ZIP ☐ DELETE

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STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Taylor President Thomas M. Taylor 5/30/96 (941) 262-4617

Date

Daytime Phone #

CR2E034 (12/95)