FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (1)DOCUMENT # 1. Corporation Name IT C OF NAPLES, INC. Mailing Address Principal Place of Business 2887 E TAMIAMI TRAIL 2887 E TAMIAMI TRAIL SUITE SIX SUITE SIX NAPLES FL 33962 NAPLES FL 33962 3a. Date of Last Report 3. Date Incorporated or Qualified 04/24/1995 03/14/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0317292 Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 This corporation has liability for intangible tax under s 199.032, Florida Statutes
Yes XNo Country Country Zω 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name WAINWRIGHT, MARJORIE S. Street Address (P.O. Box Number is Not Acceptable) 82 2887 E TAMIAMI TRAIL 83 **SUITE 6** NAPLES FL 33962 Zip Code 84 Crty 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Flor da Statutes. S. WAINWRIGHT SIGNATURE. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Change ☐ Addition TI DELETE THILE 1.2 NAME WAINWRIGHT, MAJORIE NAME 2887 E TAMIAMI TRAIL 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 C11Y - ST - Z1P CITY-ST ZIP Change Addition DELETE 2 1 TITLE TUTLE 2.2 NAME NAME 2.3 STHEET ADDRESS STREET ADDRESS 2.4 CiTh ST-7iP CITY - ST - ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - \$1 - ZIP CITY - ST - ZIP Addition DELETE 4 1 IUILE TITLE 4.2 NAME NAME 0000001792070 4.3 STREET ADDRESS -04/24/96--01016--033 STREET ADDRESS 4.4 CITY - S<u>T - ZIP</u> CITY - ST - ZIP ***200.00 Change Addition DELETE 5 1 THUE TITLE 5.2 NAMÉ NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - ZiP CITY - S1 - 7/P Change Addition DELETE 6 1 Tifit TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY-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 cartify 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 appearing Right 12 or Block 13 of chapters of an attachment with an ordificer.

appears in Block 12 or Bl

941-775-1076

(12/95)

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