FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V64022** **(9)**

1. Corporation Name
NAPLES REALTY REFERRAL COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4099 TAMIAMI TRAIL NORTH NAPLES FL 33940	4099 TAMIAMI TRAIL NORTH NAPLES FL 33940

3. Date Incorporated or Qualified: **09/08/1992**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business 21:
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: **65-0360369** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DICKERSON, ROBERT T
4099 TAMIAMI TRAIL N., 2ND FLOOR
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	DICKERSON, ROBERT T	12 NAME	
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH, 2ND FLOOR	13 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	14 CITY-ST-ZIP	
TITLE	PST	21 TITLE	☐ Change ☐ Addition
NAME	SPOERLEIN, WALTER N	22 NAME	
STREET ADDRESS	4099 TAMIAMI TRAIL NORTH	23 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	X Change ☐ Addition
NAME	DICKERSON, BARBARA M.	32 NAME	
STREET ADDRESS	11730 QUAIL VILLAGE WAY	33 STREET ADDRESS	Delete
CITY-ST-ZIP	NAPLES FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	XXX ☐ Change ☐ Addition
NAME		42 NAME	XXXXXXXXXXXXXXXX
STREET ADDRESS		43 STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY-ST-ZIP		44 CITY-ST-ZIP	XXXXXXXXXX
TITLE		51 TITLE	XXXX ☐ Change ☐ Addition
NAME		52 NAME	XXXXXXXXXXXXX
STREET ADDRESS		53 STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY-ST-ZIP		54 CITY-ST-ZIP	XXXXXXXXXX
TITLE		61 TITLE	XXX ☐ Change ☐ Addition
NAME		62 NAME	XXXXXXXXXXXX
STREET ADDRESS		63 STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
CITY-ST-ZIP		64 CITY-ST-ZIP	XXXXXXXXXX

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)(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 added by attachment with an asterisk.

SIGNATURE: Walter N. Spoerlein APRIL 12, 1995 813-262-4333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALTER N. SPOERLEIN

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