

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V73542** (5)
1. Corporation Name
GUARDIAN ANGEL OF NAPLES, INC.



Principal Place of Business
**3352 SANTIAGO WAY
NAPLES FL 33942
US**

Mailing Address
**3352 SANTIAGO WAY
NAPLES FL 33942
US**

3. Date Incorporated or Qualified
10/23/1992

3a. Date of Last Report
04/17/1995

2. Principal Place of Business
21 **6624 Ashland Cir.**
Suite, Apt. #, etc.

2a. Mailing Address
26 **6624 Ashland Cir.**
Suite, Apt. #, etc.

4. FEI Number
65-0373919

Applied For
Not Applicable

23 **Boise ID**
24 **83709** 25 **USA**

27 **Boise, ID**
28 **Boise, ID**
29 **83709** 30 **USA**

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

**WATTS, DEBRA
3352 SANTIAGO WAY
NAPLES FL 33942**

10. Name and Address of New Registered Agent

**Marilyn Mantor
Mantor & Wester Fer, P.A.
4081 Tamiami Trail #C-201
Naples, FL 33940**

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 **Debra C. Watts**
Signature of registered agent or new agent, if applicable

SIGNATURE **Marilyn L. Mantor**
(NOTE: Registered Agent Signature required with filing)

4-22-96
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PSD WATTS, DEBRA C.**
STREET ADDRESS **3352 SANTIAGO WAY**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE
NAME **VTD WATTS, TIMOTHY M.**
STREET ADDRESS **3352 SANTIAGO WAY**
CITY-ST-ZIP **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

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 **PSD WATTS, Debra C.**
1.3 STREET ADDRESS **6624 Ashland Circle**
1.4 CITY-ST-ZIP **Boise, ID 83709**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VTD WATTS, Timothy M.**
2.3 STREET ADDRESS **6624 Ashland Circle**
2.4 CITY-ST-ZIP **Boise, ID 83709**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: **Debra C. Watts, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96
Date

208-397-2887
Daytime Phone

CR2E034 (12/95)