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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V73569** (8)
1. Corporation Name
NAPLES/MARCO ACCOMMODATIONS AND TRAVEL, INC.



Principal Place of Business
**3401 N. TAMiami TRAIL
SUITE 207
NAPLES FL 33940
US**

Mailing Address
**3401 N TAMiami TR
SUITE 207
NAPLES FL 34103-3746
US**

3. Date Incorporated or Qualified
10/20/1992

3a. Date of Last Report
05/21/1996

4. FEI Number
65-0432092

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip **34103** Country
24

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

9. Name and Address of Current Registered Agent

~~GAUSE, W. PEYTON, JR.~~
~~1717 SECOND ST SUITE G~~
~~2 N. TAMiami TRAIL~~
~~SARASOTA FL 34238~~

10. Name and Address of New Registered Agent

81 Name **Don Bevins**
82 Street Address (P.O. Box Number is Not Acceptable)
3401 N. Tamiami Tr. #207
83
84 City **Naples** FL 85 Zip Code **34103**

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 *Donald C. Bevins* **Donald C. Bevins** 4/2/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUSE, W. PEYTON JR	1.2 NAME	Starr, Charles L.
STREET ADDRESS	1717 SECOND ST SUITE G	1.3 STREET ADDRESS	4030 Gulf of Mexico Dr.
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	Longboat Key, FL 34228
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVINS, DONALD C.	2.2 NAME	Bevins, Donald C.
STREET ADDRESS	4030 GULF OF MEXICO DR.	2.3 STREET ADDRESS	3401 N. Tamiami Tr. #207
CITY - ST - ZIP	LONGBOAT KEY FL	2.4 CITY - ST - ZIP	Naples, FL 34103
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUSE, W. PEYTON, JR.	3.2 NAME	
STREET ADDRESS	2 N. TAMiami TRAIL # 404	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: *Donald C. Bevins* **Donald C. Bevins** 4/2/97 941-261-7577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)