


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90007 047 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G28141
 1. Corporation Name
E.A.C. OF NAPLES, INC.

Principal Place of Business 139 ENCHANTING BLVD. NAPLES FL 34112 US	Mailing Address 139 ENCHANTING BLVD. NAPLES FL 33962
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	27	22	23	24	25	29	30
	3205 60th Street SW			Naples, Florida	34116			

3. Date Incorporated or Qualified 03/16/1983	4. FEI Number 59-2277997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KIRK, MARY C.
 139 ENCHANTING ACRES BLVD.
 NAPLES FL 34112
 deceased 1/99

10. Name and Address of New Registered Agent
 81 Name **Mary K. Biehl**
 82 Street Address (P.O. Box Number is Not Acceptable)
3205 60th Street SW
 83
 84 City **Naples** FL 85 Zip Code **34116**

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 Mary K. Biehl
 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 P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KIRK, MARY C		1.2 NAME
STREET ADDRESS 139 ENCHANTING BLVD	deceased	1.3 STREET ADDRESS
CITY-ST-ZIP NAPLES, FLORIDA 00000		1.4 CITY-ST-ZIP
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILL, ROBERT L JR.		2.2 NAME
STREET ADDRESS 1830-4TH ST SO		2.3 STREET ADDRESS
CITY-ST-ZIP NAPLES, FLORIDA 00000		2.4 CITY-ST-ZIP
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRALL, BETTY S		3.2 NAME
STREET ADDRESS 16425 AIRPORT ROAD		3.3 STREET ADDRESS
CITY-ST-ZIP CEDAR KEY FL		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input checked="" 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

President
Hill, Robert L Jr
 1830 4th St So
 Naples, FL 34102

Vice President
Mary K. Biehl
 3205 60th Street SW
 Naples, FL 34116

14. I 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: Mary K. Biehl President (941) 262-7186
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)