

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 PM 7:12

DOCUMENT # 335402 (4)

**1. Corporation Name
THALHEIMERS, INC.**

Principal Place of Business

**2095 E TAMiami TRAIL
POB 7255
NAPLES FL 33962-4636**

Mailing Address

**2095 E TAMiami TRAIL
POB 7255
NAPLES FL 33962-4636**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/23/1968 3a. Date of Last Report 04/21/1994

4. FEI Number 59-1225215 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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 Zip 26 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESTMAN, CARL E.
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 33940**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE VD
NAME THALHEIMER, SANDFORD
STREET ADDRESS 2269 QUEENS WAY
CITY - ST - ZIP NAPLES FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**TITLE PTD
NAME THALHEIMER, SELDA M
STREET ADDRESS 2360 KINGFISH ROAD
CITY - ST - ZIP NAPLES FL**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**TITLE SD
NAME THALHEIMER, BRUCE
STREET ADDRESS 3844 BOCA CIEGA DRIVE
CITY - ST - ZIP NAPLES FL**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

**TITLE
NAME
STREET ADDRESS
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:

SANDRA B. THALHEIMER 3/31/95 813-774-4666