FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 16 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 # **335402** **(4)**

1. Corporation Name
THALHEIMERS, INC.

Principal Place of Business	Mailing Address
2095 E TAMIAMI TRAIL POB 7255 NAPLES FL 33962-4636	2095 E TAMIAMI TRAIL POB 7255 NAPLES FL 34101-7255

3. Date Incorporated or Qualified: 09/23/1968
3a. Date of Last Report: 04/16/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26: 255 13TH AVE., So.
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28: NAPLES, FL
Zip — 24 / Country — 25
Zip — 29: 34102 / Country — 30: USA

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 850 PARK SHORE DRIVE
83: 3RD FLOOR
84 City: NAPLES **FL** 85 Zip Code: 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 _____ 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	VD	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	THALHEIMER, SANDFORD		1.2 NAME		
STREET ADDRESS	2269 QUEENS WAY		1.3 STREET ADDRESS	255 13TH AVE., So	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	PTD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	THALHEIMER,SELDA M		2.2 NAME		
STREET ADDRESS	2360 KINGFISH ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	THALHEIMER, BRUCE		3.2 NAME		
STREET ADDRESS	3644 BOCA CIEGA DRIVE		3.3 STREET ADDRESS	255 13TH AVE., So	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL 34102	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: SIGNATURE REQUIRED — 2/7/97 — 941-261-8422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #