

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

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**95 APR 25 AM 9:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 577260 (3)**

**1. Corporation Name  
BLUCHER AND BERTHA, INC.**

<b>Principal Place of Business</b> 2850 LAKE LETTA (AVON PARK) PO BOX 183 SEBRING FL 33871-0180	<b>Mailing Address</b> 2850 LAKE LETTA (AVON PARK) PO BOX 183 SEBRING FL 33871-0180
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DO NOT WRITE IN THIS SPACE.

<b>3. Date Incorporated or Qualified</b> 06/28/1978	<b>3a. Date of Last Report</b> 07/08/1994
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<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b> 59-1830746	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>22</b> City & State	<b>27</b> City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>23</b> Zip	<b>28</b> Zip	<b>6. This corporation has liability for interstate tax under S. 199.032, Florida Statutes</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>24</b> Country	<b>29</b> Country		

**9. Name and Address of Current Registered Agent**

**NELSON, BRENDA J.  
2850 LAKE LETTA DRIVE  
AVON PARK FL 33825**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
	<b>85</b> 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 fee if applicable (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>NELSON, BRENDA J.</b>
<b>STREET ADDRESS</b>	<b>2850 LAKE LETTA DRIVE</b>
<b>CITY - ST - ZIP</b>	<b>AVON PARK FL</b>
<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>SKIPPER, ELOISE</b>
<b>STREET ADDRESS</b>	<b>12330 ALTMAN RD</b>
<b>CITY - ST - ZIP</b>	<b>FT MEADE, FL 00000</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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 110.07(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:** *Brenda J. Nelson* *Brenda J. Nelson* **4-20-95** **813-385-0125**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR DATE PHONE NUMBER