

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **577260** (3)
1. Corporation Name
BLUCHER AND BERTHA, INC.



Principal Place of Business: **2850 LAKE LETTA (AVON PARK) PO BOX 193 SEBRING FL 33871-0193**
Mailing Address: **2850 LAKE LETTA (AVON PARK) PO BOX 193 SEBRING FL 33871-0193**

3. Date Incorporated or Qualified: **06/28/1978** 3a. Date of Last Report: **04/25/1995**
4. FEI Number: **59-1830746** 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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 and 607.1506, 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 for the registered agent or registered agent in charge. (Delete if not applicable.) Office Registered Agent Signature Required when registering.

12. OFFICERS AND DIRECTORS

TITLE: **SD** DELETE
NAME: **NELSON, BRENDA J.**
STREET ADDRESS: **2850 LAKE LETTA DRIVE**
CITY-STATE-ZIP: **AVON PARK FL**

TITLE: **PD** DELETE
NAME: **SKIPPER, ELOISE**
STREET ADDRESS: **12330 ALTMAN RD**
CITY-STATE-ZIP: **FT MEADE, FL 00000**

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: DELETE
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE: Change Addition
12 NAME: _____
13 STREET ADDRESS: _____
14 CITY-STATE-ZIP: _____

21 TITLE: Change Addition
22 NAME: _____
23 STREET ADDRESS: _____
24 CITY-STATE-ZIP: _____

31 TITLE: Change Addition
32 NAME: _____
33 STREET ADDRESS: _____
34 CITY-STATE-ZIP: _____

41 TITLE: Change Addition
42 NAME: _____
43 STREET ADDRESS: _____
44 CITY-STATE-ZIP: _____

51 TITLE: Change Addition
52 NAME: _____
53 STREET ADDRESS: _____
54 CITY-STATE-ZIP: _____

61 TITLE: Change Addition
62 NAME: _____
63 STREET ADDRESS: _____
64 CITY-STATE-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: Brenda J. Nelson 1-31-94 941-385-0125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)