FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F93000000905 (0)

1. Corporation Name

CONNER-THOELE LIMITED CORPORATION

Principal Place of Business	Mailing Address
~~4800 N. A-1-A~~ ~~SUITE ONE~~ ~~VERO BEACH FL 32963~~	~~4800 N. A-1-A~~ ~~SUITE ONE~~ ~~VERO BEACH FL 32963~~

2. Principal Place of Business	2a. Mailing Address
21 26001 OSPREY NEST Ct.	26 26001 OSPREY NEST Ct.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: BONITA SPRINGS, FL	28 City & State: BONITA SPRINGS, FL
24 Zip: 33923 25 Country: USA	29 Zip: 33923 30 Country: USA

3. Date Incorporated or Qualified: 03/15/1993
3a. Date of Last Report: 04/03/1995
4. FEI Number: 06-1272025 ☐ 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

THOELE-WILLIAMS, C. A.
4800 N. HWY. A-1-A, #411
~~VERO~~ BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: THOELE-WILLIAMS, C. A.
82 Street Address (P.O. Box Number is Not Acceptable): 26001 OSPREY NEST COURT
83
84 City: BONITA SPRINGS, FL 85 Zip Code: 33923

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: C. A. Thoele-Williams DATE: 2/27/96
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	DCP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	WILLIAMS, RICHARD C		1.2 NAME	
STREET ADDRESS	4800 N. HWY. A-1-A, STE. 410		1.3 STREET ADDRESS	26001 OSPREY NEST COURT
CITY-ST-ZIP	VERO BEACH FL 32963		1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE	DST	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	THOELE-WILLIAMS, CAROL ANN		2.2 NAME	
STREET ADDRESS	4800 N. HWY. A-1-A, STE. 411		2.3 STREET ADDRESS	26001 OSPREY NEST COURT
CITY-ST-ZIP	VERO BEACH FL 32963		2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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	

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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: C. A. Thoele-Williams 2/27/96 941 4982438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #