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 # **H51604** **(7)**

1. Corporation Name
J. CLEWISTON LABELLE & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
713 S. ORANGE AVE. #824 SARASOTA FL 34236-7717	713 S. ORANGE AVE. #824 SARASOTA FL 34236-7717

3. Date Incorporated or Qualified: 04/10/1985
3a. Date of Last Report: 06/13/1995

2. Principal Place of Business
21 4721 Chandlers Forde
Suite, Apt. #, etc.
22
City & State
23 Sarasota, FL
Zip 24 34235 Country 25

2a. Mailing Address
26 4721 Chandlers Forde
Suite, Apt. #, etc.
27
City & State
28 Sarasota, FL
Zip 29 34235 Country 30

4. FEI Number: 59-2734610 ☐ 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

MERCURIO, JOHN J.
713 S. ORANGE AVE.
SUITE #824
SARASOTA FL 33577

10. Name and Address of New Registered Agent
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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	DVP	☐ DELETE
NAME	SCHALLER, FRED G.	
STREET ADDRESS	25 FORT ST.	
CITY-ST-ZIP	NILES MI	
TITLE	DS	☐ DELETE
NAME	SCHALLER, F. G	
STREET ADDRESS	3142 WESTBROOK TRACE	
CITY-ST-ZIP	LAWRENCEVILLE GA	
TITLE	DT	☐ DELETE
NAME	SCHALLER, ANN MARIE	
STREET ADDRESS	10513 HILLPOINT RD.	
CITY-ST-ZIP	BERRIEN SPRINGS MI	
TITLE	D	☐ DELETE
NAME	CURNUTT, DENISE	
STREET ADDRESS	8798 COLLEGE AVE.	
CITY-ST-ZIP	BERRIEN SPRINGS MI	
TITLE	D	☐ DELETE
NAME	SCHALLER, ANTHONY K	
STREET ADDRESS	10513 HILLPOINT RD.	
CITY-ST-ZIP	BERRIEN SPRINGS MI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature], Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Fred G. Schaller