

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **K57829**

(9)

MAY - 1 AM 1:39

1. Corporate Name

SUE'S WRANGLER, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

914 W. NEW HAVEN AVE.
MELBOURNE FL 32901

Mailing Address

914 W. NEW HAVEN AVE.
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/12/1989

3a. Date of Last Report
04/01/1994

2. Principal Place of Business

21 State Apt # etc

2a. Mailing Address

26 State Apt # etc

4. FEI Number
59-2937594

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 timely filed its report on Form 990 (2013) Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

**REILLY, THOMAS J
2104 HWY A1A
INDIAN HARBOUR BCH FL 85937**

10. Name and Address of New Registered Agent

81 Name **Sue A. Clendenin**
82 Street Address (P.O. Box Number is Not Acceptable)
3580 - Buddy Dr.
83
84 City **Melbourne** FL 85 Zip Code **32904**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, it certifies that the new registered office or registered agent listed hereafter will comply with the requirements of Section 607.05(2), Florida Statutes.

SIGNATURE **Sue A. Clendenin**

Sue A. Clendenin

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14	NAME	PD CLENENIN, SUE A.
15	STREET ADDRESS	3580 BUDDY DR.
16	CITY, ST, ZIP	MELBOURNE FL
17	NAME	
18	STREET ADDRESS	
19	CITY, ST, ZIP	
20	NAME	
21	STREET ADDRESS	
22	CITY, ST, ZIP	
23	NAME	
24	STREET ADDRESS	
25	CITY, ST, ZIP	

26	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	STREET ADDRESS		
28	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
29	NAME		
30	STREET ADDRESS		
31	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS		
34	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
35	NAME		
36	STREET ADDRESS		
37	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
38	NAME		
39	STREET ADDRESS		
40	CITY, ST, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is substantially true and correct and of good quality for the completion stated in Section 607.05(2) (b), Florida Statutes. I further certify that the information included in 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 on the date of this report or that I am empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *Sue A. Clendenin* **Sue A. Clendenin** 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR