FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:28

DOCUMENT # 238141 (6)

1. Corporation Name
HESSLER'S INC.

Principal Place of Business	Mailing Address
CARL W HESSLER 1788 FOWLER ST FORT MYERS FL 33901	CARL W HESSLER 1788 FOWLER ST FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/01/1960
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business	2a. Mailing Address
21: 1788 Fowler Street	26: 1788 Fowler Street
22: Suite, Apt. #, etc.	27: Suite, Apt. #, etc.
23: City & State: Fort Myers, Florida	28: Fort Myers, Florida
24: Zip: 33901 25: Country: USA	29: Zip: 33901 30: Country: USA

4. FEI Number: 59-0906857 ☐ 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	10. Name and Address of New Registered Agent
HESSLER,CARL W 1788 FOWLER ST. FT MYERS FL 33901	81 Name: Carl W. Hessler 82 Street Address (P.O. Box Number is Not Acceptable): 1788 Fowler Street 83: 84 City: Fort Myers FL 85 Zip Code: 33901

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: Carl W Hessler — 3/29/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HESSLER, CARL W	12 NAME	
STREET ADDRESS	1788 FOWLER ST.	13 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GILES, LEONARD, JR	22 NAME	
STREET ADDRESS	13647 PINE VILLA LANE SE	23 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	24 CITY-ST-ZIP	
TITLE	SV	31 TITLE	☐ Change ☐ Addition
NAME	WILES, STEVEN	32 NAME	
STREET ADDRESS	1989 LONG FELLOW DR.	33 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	HESSLER, LOIS M	42 NAME	
STREET ADDRESS	1215 ALHAMBRA LANE	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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)(i), 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: Carl W Hessler — 3/29/95 — 813 334-1537
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0310040 CP