

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 238141 (6)
1. Corporation Name
HESSLER'S INC.



Principal Place of Business 1788 FOWLER ST FT. MYERS FL 33901 US	Mailing Address 1788 FOWLER ST FORT MYERS FL 33901-3034 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/01/1960	3a. Date of Last Report 04/24/1996	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			

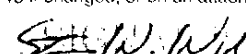
9. Name and Address of Current Registered Agent CARL W. HESSLER 1788 FOWLER ST FT MYERS FL 33901	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the 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 _____ 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	1.1 TITLE	☐ Change ☐ Addition
NAME	HESSLER, CARL W	1.2 NAME	
STREET ADDRESS	1788 FOWLER ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GILES, LEONARD, JR	2.2 NAME	
STREET ADDRESS	13647 PINE VILLA LANE SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	☐ Change ☐ Addition
NAME	WILES, STEVEN	3.2 NAME	
STREET ADDRESS	1989 LONG FELLOW DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N FT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	HESSLER, LOIS M	4.2 NAME	
STREET ADDRESS	1215 ALHAMBRA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	CHARLES V. MERRIKEN	5.2 NAME	
STREET ADDRESS	3825-A COUNTRY CLUB BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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:  3/3/97 (941)334-1537

CR2E034 (9/96)