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 MAY -1 AM 8:18

DOCUMENT # **430972** **(0)**

1. Corporation Name
W.M. ETZLER INC.

Principal Place of Business	Mailing Address
3211 NASSAU STR TAMPA FL 33607 US	3211 NASSAU STR TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1973
3a. Date of Last Report: 03/31/1994

2. Principal Place of Business 21	10304 Casa Palermo Dr
Suite, Apt. #, etc. 22	Apt #6
City & State 23	Riverview, Fl.
Zip 24 / Country 25	33569 / U.S.A.
2a. Mailing Address 26	10304 Casa Palermo Dr.
Suite, Apt. #, etc. 27	Apt #6
City & State 28	Riverview, Fl.
Zip 29 / Country 30	33569 / U.S.A.

4. FEI Number: 59-1493593 — 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

~~ETZLER, WM M~~
~~3211 NASSAU STR~~
~~TAMPA FL 33607~~

10304 Casa Palermo Dr
Apt 6
Riverview, Fl. 33569.

10. Name and Address of New Registered Agent

81 Name	Same.
82 Street Address (P.O. Box number is Not Acceptable)	10304 Casa Palermo Dr
83	Apt #6
84 City	Riverview FL 85 Zip Code 33569

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: William M Etzler - President — 4/24/95.
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**

	12.	13.
TITLE	P	11 TITLE ☐ Change ☐ Addition
NAME	ETSLER, WM M	12 NAME
STREET ADDRESS	~~3211 NASSAU~~ 10304 Casa Palermo Dr	13 STREET ADDRESS
CITY-ST-ZIP	~~TAMPA FL~~ Apt 6 Riverview, Fl 33569	14 CITY-ST-ZIP
TITLE	ST	21 TITLE ☐ Change ☐ Addition
NAME	ETZLER, DOLORES J.	22 NAME
STREET ADDRESS	2105 LITHIA PINECREST RD	23 STREET ADDRESS
CITY-ST-ZIP	VALRICO FL	24 CITY-ST-ZIP
TITLE	V	31 TITLE ☐ Change ☐ Addition
NAME	ETZLER, W M	32 NAME
STREET ADDRESS	2105 LITHIA PINECREST RD	33 STREET ADDRESS
CITY ST ZIP	VALRICO FL	34 CITY-ST-ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		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: William M Etzler - President — Pres.dent 4/25/95 (813) 397-3000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0292400 CP