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FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1997**

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

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

1. Corporation Name
**W.M. ETZLER INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 10304 CASA PALARMO DR<br>APT 6<br>RIVERVIEW FL 33569<br>US | 10304 CASA PALARMO DR<br>APT 6<br>RIVERVIEW FL 33569-3007<br>US |

3. Date Incorporated or Qualified: 07/20/1973
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2105 Lithia Pinecrest Rd
22: Suite, Apt. #, etc.: —
23: City & State: Valrico, Fl. 33594
24: Zip: 33594 25: Country: U.S.

2a. Mailing Address
26: 2105 Lithia Pinecrest Rd
27: Suite, Apt. #, etc.: —
28: City & State: Valrico, Fl. 33594
29: Zip: 33594 30: Country: U.S.

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
10304 CASA PALARMO DR
APT 6
RIVERVIEW FL 33569

**10. Name and Address of New Registered Agent**

81 Name: Etzler WM M
82 Street Address (P.O. Box Number is Not Acceptable): 2105 Lithia Pinecrest Road
83: —
84 City: Valrico, Fl. FL 85 Zip Code: 33594

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 — 4/21/97
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 | P | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | ETZLER, WM M | | 1.2 NAME | |
| STREET ADDRESS | 10304 CASA PALARMO DR APT 6 | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | RIVERVIEW FL | | 1.4 CITY-ST-ZIP | |
| TITLE | ST | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | ETZLER, DOLORES J. | | 2.2 NAME | |
| STREET ADDRESS | 2105 LITHIA PINECREST RD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO FL | | 2.4 CITY-ST-ZIP | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | ETZLER, W M | | 3.2 NAME | |
| STREET ADDRESS | 2105 LITHIA PINECREST RD | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VALRICO FL | | 3.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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:** William M. Etzler - President — 4/21/97 — 813-347-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #