

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

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
STATE OF FLORIDA

APPROVED
AND
FILED

95 MAR -1 PH 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 475179 (8)

1. Corporation Name

STREICHER, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/05/1975	3a. Date of Last Report 04/28/1994
4. FEI Number 59-1588155	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	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
STREICHER, WILLIAM J RT. 13 BOX 185 LAKE CITY FL 32055				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

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

(If a new agent is being appointed, the signature of the new agent is required.)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	STREICHER, WILLIAM J.	1.2 NAME	
STREET ADDRESS	RT. 13, BOX 185	1.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY FL	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	STREICHER, JOSEPHINE	2.2 NAME	
STREET ADDRESS	RT. 13, BOX 185	2.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE CITY FL	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 officer 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 J. Streicher

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2-23-95

Date

755-2475

Typed Name