

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **536163** (9)

1. Corporation Name
FRED W. AHLEMEIER, CO. OF FLORIDA



Principal Place of Business: **934 SAN CARLOS DR FT MYERS BCH FL 33931-2226**
Mailing Address: **934 SAN CARLOS DR FT MYERS BCH FL 33931-2226**

3. Date Incorporated or Qualified: **06/01/1977**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **43-1146040**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

**AHLEMEIER, FRED W., JR.
934 SAN CARLOS DR
FT MYERS BCH, FL
FT MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ST	NAME	AHLEMEIER, BARRY W.	DELETED
STREET ADDRESS			934 SAN CARLOS DR.	
CITY-ST-ZIP			FT. MYERS BCH FL	
TITLE	PD	NAME	AHLEMEIER, FRED W. JR.	DELETED
STREET ADDRESS			8505 DELMAR BLVD.	
CITY-ST-ZIP			ST. LOUIS MO	
TITLE	V	NAME	AHLEMEIER, FRED W, III	DELETED
STREET ADDRESS			934 SAN CARLOS DR	
CITY-ST-ZIP			FT MYERS BCH, FL 00000	
TITLE	V	NAME	NORTON, JOHN	DELETED
STREET ADDRESS			4539 SW 6TH AVE.	
CITY-ST-ZIP			CAPE CORAL FL 33914	
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		DELETED
STREET ADDRESS				
CITY-ST-ZIP				

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *Frederic W. Ahlemeier* 2-20-96 941-463-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)