

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

FILED

**Apr 28 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 # 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: 02/29/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number: 43-1148040		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		29 Country		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AHLEMEIER, FRED W., JR. 934 SAN CARLOS DR FT MYERS BCH, FL FT MYERS BEACH FL 33931				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHLEMEIER, BARRY W.	1.2 NAME	
STREET ADDRESS	934 SAN CARLOS DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS BCH FL	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHLEMEIER, FRED W. JR.	2.2 NAME	
STREET ADDRESS	8505 DELMAR BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHLEMEIER, FRED W, III	3.2 NAME	
STREET ADDRESS	934 SAN CARLOS DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT MYERS BCH, FL 00000	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, JOHN	4.2 NAME	
STREET ADDRESS	4539 SW 6TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL 33914	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Fred W. Ahlemeier* (314) 991-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone # _____

CR2E034 (9/96)