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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **591234**

(0)

JERRY N. ZOLLER, ARCHITECT/PLANNER, AIA, P.A.

Mailing Address Principal Place of Business 914 14TH STREET WEST 914 14TH STREET WEST **BRADENTON FL 34205-6646 BRADENTON FL 34205-6646** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1996 10/26/1978 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1859536 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\square\) No 24 25 29 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name ZOLLER, JERRY N. 914 14TH STREET, WEST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 33505** 83 84 City 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 Stignature: Typest or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition Change DELETE TITLE 1.1 TITLE ZOLLER, JERRY N. 1.2 NAME NAME 914 14TH STREET W. 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CITY-ST-ZIP CITY - S1 - 7/P Addition DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 3.1 TITLE THLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 4.1 THLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 44 CITY-ST-ZIP Addition DELETE Change 5.1 TIPLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP OTY-SI-7:E

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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

nt with an address

SIGNATURE:

Lam an officer or director of the appears in Block 12 or Block 13

NTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE

941-748 4465

96/6)

FILED

Feb 05 1997 8:00am

Secretary of State