

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 658701 (8)

1. Corporation Name
ROBERT G. STRANG, INC.



Principal Place of Business
**2900 14TH STREET NORTH
SUITE 9
NAPLES FL 33940
US**

Mailing Address
**1400 POMPEI LANE
SUITE 4
NAPLES FL 33940
US**

2. Principal Place of Business
21 **1400 Pompei Lane**
Suite, Apt. #, etc.
22 **Suite # 4**
City & State
23 **Naples FL.**
Zip
24 **33940**

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified **03/11/1980** 3a. Date of Last Report **04/17/1995**
4. FEI Number **59-2028489** 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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**STRANG, ROBERT G
1400 POMPEI LANE #4
NAPLES FL 33940**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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

Signature of the person who is the president or chief executive officer of the corporation.

Signature of the person who is the registered agent of the corporation.

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STRANG, ROBERT G.	
STREET ADDRESS	1400 POMPEI LANE #4	
CITY-STATE-ZIP	NAPLES, FL 0 FL 33940	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 included in 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, that no other or better person is qualified to file 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: *Robert G. Strang* **Robert G. STRANG Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-96

941-434-2854
DUPONT FRIEDMAN

CR2E034 (12/95)