

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

FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 694955 (6)
1. Corporation Name
SPECKMAN FINANCIAL PLANNING CORPORATIONPrincipal Place of Business
PO BOX 60237
FT MYERS FL 33906
USMailing Address
PO BOX 60237
FT MYERS FL 33906-6237
US3. Date Incorporated or Qualified
07/10/19813a. Date of Last Report
03/07/19962. Principal Place of Business
21 13692 PINE VILLA LANE
Suite, Apt. #, etc.2a. Mailing Address
26 Suite, Apt. #, etc.4. FEI Number
59-2106122Applied For
Not Applicable22 FT. MYERS, FL
City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required23 33912
Zip

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees24 Country
25 US29 Country
308. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SPECKMAN, RONALD E.
12650 NEW BRITTANY BLVD
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name
SPECKMAN, RONALD E.
82 Street Address (P.O. Box Number is Not Acceptable)
13692 PINE VILLA LANE
83
84 City
FT. MYERS, FL 85 Zip Code
33912

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 *Ronald E. Speckman, President* RONALD E. SPECKMAN 2/10/1997
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME SPECKMAN, RONALD E
STREET ADDRESS 12650 NEW BRITTANY BLVD
CITY-ST-ZIP FORT MYERS, FL 00000TITLE D ☐ DELETE
NAME KOUWENHOVEN, PETER W
STREET ADDRESS 1450 JEFFERSON AVE
CITY-ST-ZIP FORT MYERS, FL 00000TITLE ST ☐ DELETE
NAME SPECKMAN, JANE M
STREET ADDRESS 12650 NEW BRITTANY BLVD
CITY-ST-ZIP FORT MYERS, FL 00000TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME SPECKMAN, RONALD E
1.3 STREET ADDRESS 13692 PINE VILLA LANE
1.4 CITY-ST-ZIP FT. MYERS, FL 339122.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ST ☒ Change ☐ Addition
3.2 NAME SPECKMAN, JANE M
3.3 STREET ADDRESS 13692 PINE VILLA LANE
3.4 CITY-ST-ZIP FT. MYERS, FL 339124.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 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 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: *Ronald E. Speckman* PRESIDENT, RONALD E. SPECKMAN 2/10/97 (941) 482-2292
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)