

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 23 1997 8:00am  
Secretary of State

DOCUMENT # F21133

(6)

1. Corporation Name  
T.M. BUNCK, INC.

Principal Place of Business

3927 S.E. 4TH AVE.  
CAPE CORAL FL 33904  
US

Mailing Address

3927 S.E. 4TH AVE.  
CAPE CORAL FL 33904-4830  
US

3. Date Incorporated or Qualified 02/25/1981	3a. Date of Last Report 02/27/1996
4. FEI Number 59-2066678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

BUNCK, TIMOTHY M.  
3927 S.E. 4TH AVE.  
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

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 607.0502 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:

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	M	<input type="checkbox"/> DELETE
NAME	BUNCK, TIMOTHY M	
STREET ADDRESS	3927 S.E. 4TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TDC	<input type="checkbox"/> DELETE
NAME	BUNCK, TIMOTHY M	
STREET ADDRESS	3927 S.E. 4TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	PVS	<input type="checkbox"/> DELETE
NAME	BUNCK, TIMOTHY M	
STREET ADDRESS	3927 S.E. 4TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	MCP	<input type="checkbox"/> DELETE
NAME	BUNCK, TIMOTHY M.	
STREET ADDRESS	3927 S.E. 4TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BUNCK, LINDA J.	
STREET ADDRESS	3927 S.E. 4TH AVE.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Timothy M. Bunck*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TIMOTHY M. BUNCK

1-14-97

Date

941-945-0378

Daytime Phone #

0397495

CR2E034 (9/96)