

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # F78889

(5)

95 MAY -1 PM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

CARLETON RYFFEL, ACP, INC.

Principal Place of Business

6296 CORPORATE CT.
SUITE B-201
FT. MYERS FL 33919
US

Mailing Address

6296 CORPORATE CT.
SUITE B-201
FT. MYERS FL 33919
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/05/1982

3a. Date of Last Report

08/10/1994

4. FEI Number

59-2313288

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

2. Principal Place of Business

21 6309 CORPORATE CT.

Suite, Apt. #, etc.

22 SUITE 207

City & State

23 Ft Myers, FL

Zip

24 33919

Country

2a. Mailing Address

26 6309 CORPORATE CT

Suite, Apt. #, etc.

27 SUITE 207

City & State

28 Ft Myers, FL

Zip

29 33919

Country

30

9. Name and Address of Current Registered Agent

RYFFEL, CARLETON
6296 CORPORATE CT.
SUITE B-201
FT. MYERS FL 33919

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 resigning

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
PTS
RYFFEL, CARLETON
6296 CORPORATE CT B-202
FT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6309 CORPORATE CT
1.4 CITY ST ZIP Ft Myers, FL 33919

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Carleton B. Ryffel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLETON RYFFEL

DATE

SYSTEM NUMBER

4/20/95 813 482-4404

032196 CP