

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996 1-25-96 B-

(2) 0256 NC

DOCUMENT # F79588

1. Corporation Name

PROBST & ASSOCIATES, INC.



Principal Place of Business

250 PARK SHORE DRIVE #701
NAPLES FL 33940

Mailing Address

250 PARK SHORE DRIVE #701
NAPLES FL 33940

3. Date Incorporated or Qualified

05/03/1982

3a. Date of Last Report

01/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

59-2260135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

PROBST, M.V.
250 PARK SHORE
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 607.0502 and 607.1503, 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 not a registered agent in the foregoing

Signature of Agent (Signature required whether or not State)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE
DP	PROBST, MERLE V	250 PARKSHORE DR #701	NAPLES, FL 00000	☐
SD	PROBST, RUTH H	250 PARKSHORE DR #701	NAPLES FL	☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. DELETE
				☐
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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 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: *Mark V. A. [Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96
DATE

CR2E034 (12/95)