

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005217 (4)

1. Corporation Name

ADVANCED PRODUCTS REPRESENTATIVES, INC.



Principal Place of Business

Mailing Address

~~9401 HIGHLAND OAKS DRIVE #901~~
~~TAMPA FL 33617~~

~~9401 HIGHLAND OAKS DRIVE #901~~
~~TAMPA FL 33617~~

11814 N 56TH ST STE A
TAMPA, FL 33617

SAME AS
"BUSINESS"

3. Date Incorporated or Qualified
10/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 11814 N 56TH ST

26 SAME AS PREVIOUS

4. FEI Number

58-1806581

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 STE A

28 City & State

24 TAMPA, FL

29 City & State

25 Zip

30 Zip

26 33617

27 Country

28 USA

29 Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WENSLOFF, JERRY E

~~9401 HIGHLAND OAKS DRIVE #901~~
~~TAMPA FL 33617~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

11814 N 56TH ST
STE A

84 City

TAMPA

FL

85 Zip Code

33617

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:

JERRY E WENSLOFF *Jerry E Wensloff* PRESIDENT 5-14-96

Signature typed or printed name of registered agent and the filer, if applicable.

(If filer is not the registered agent, the filer's signature is required when filing this statement.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
WENSLOFF, JERRY E
STREET ADDRESS
~~9401 HIGHLAND OAKS DRIVE #901~~
CITY-STATE-ZIP
TAMPA FL 33617

TITLE ☐ DELETE

NAME
WENSLOFF, FRANCIS K
STREET ADDRESS
9401 HIGHLAND OAKS DRIVE #901
CITY-STATE-ZIP
TAMPA FL 33617

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2. TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3. TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4. TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5. TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6. TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

11814 N 56TH ST, STE A
TAMPA, FL 33617

8801 HUNTERS LAKE DR #918
TAMPA, FL 33647

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:

Jerry E Wensloff PRESIDENT JERRY E. WENSLOFF 3-4-96 (813) 989-2444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

DATE

DATE PHONE #

CR2E034 (12/95)