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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F97167 DOCUMENT #
1. Corporation Name

(3)

GENE STUEHMER, INC.

Principal Place of SENE STUI	EHMER St	Mailing Address % GENE STUEHMER 1625 HOUGH ST FT. MYERS FL 33901					
					3. Date incorporated or Qualified 09/01/1982	3a. Date of L 04/25	5/1995
2. Principal Plac	ce of Business	2a. Mailing Address 26			4. Fet Number 59-2216533	<u>L</u>	Applied For  Not Applicable
Suite, Apt. #	, etc.	Surte, Apl. #, etc.			5. Certificate of Status Desired	□ <b>\$</b>	8.75 Additional Fee Required
City & State		Oity & State			Election Campaign Financing     Trust Fund Contribution	1 1	55.00 May Be Added to Fees
Zip 24	Country 25	Z <sub>IP</sub> 29	Gour 30	ntry	8. This corporation has liability or i Florida Statutes Yes	ntangible tax un No	der s 199.032,
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New R	egistered Ager	nt
				81 Name			*
STUEHM 1625 HO	ier, gene Nugh st			82 Street Address (P.O. Box Number is Not Acceptable)			
FT. MYE	RS FL 33901		ŀ	83			
			<u> </u>	<b>84</b> City		8:	Zip Code
					ration submits this statement for the pur	FL	1
familiar with SIGNATURE	n, and accept the obligations of, S signature type for professionance of registered a	Section 607.0505, Florida Statuter	S	Aji is signativa rėgina.		DATE	
12.	OFFICERS PO	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		
THILE	STUEHMER, GENE	☐ DELE IE		[LF		☐ Cr	nange 🔲 Addition
NAME	1625 HOUGH STREET		1 2 NA				
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CITY-ST-ZIP TITLE		[7] DELETE	2 1 TI	<del></del>			nange Addition
NAME			2 2 NA	ME			
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TITLE	DELETE		3 1 11	TLE		CI	nange 🔲 Addition
NAME			3 2 NA	ME			
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STREET ADDRESS				REET ADDRESS			
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NAME		<u>"</u>	5 2 NA				<u> </u>
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP			- 4	TY-ST-ZIP			
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NAME			6 2 NA	INE			
STREET ADDRESS			6 3 ST	MEFT ADDRESS			
CHTY - ST - ZIP				TY - \$1 - 216'		P7-0-11 - 11	0
certify that oath; that I	the information indicated on this :	arinual report or supplemental an orporation or the receiver or trust	nual report i: ee empower	s true and accur	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 607, F	: same legal effe	ot as it made under

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DE

4-26-96 (94) 334.7810

CR2E034 (12/95)