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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G13565 (8)

1. Corporation Name
INVESTEN INC.

Principal Place of Business
2070 SW 22ND CIRCLE E
PO BOX 926
OKEECHOBEE FL 34974

Mailing Address
P.O. BOX 926. N/A
OKEECHOBEE FL 34973-0926
US



3. Date Incorporated or Qualified 12/15/1982
3a. Date of Last Report 04/23/1996

2. Principal Place of Business
21 1032 S.W. 20th Ave.

2a. Mailing Address

4. FEI Number 59-2272750
Applied For
Not Applicable

22 Suite Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 City & State Okeechobee FL

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 34974 25 Country U.S.A.

28 Zip

Country

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

MOORMAN, GARY
4100 GLADES RD
FT PIERCE FL 34981

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 type, if printed name of registered agent, and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME GURGANUS, ROGER D.
STREET ADDRESS 109 W. MAIN STREET
CITY-ST-ZIP AVON PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE T
NAME MOORMAN, GARY
STREET ADDRESS 4100 GLADES RD
CITY-ST-ZIP FT PIERCE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P
NAME WARD, RICHARD A.
STREET ADDRESS 2445 SOUTHWEST 18TH LANE
CITY-ST-ZIP OKEECHOBEE FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME GARRETT, LARRY B.
STREET ADDRESS 4774 SPARROW DR
CITY-ST-ZIP ST CLOUD FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/96

561-464-9300

Daytime Phone

CR2E034 (9/96)