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FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G40673**

(7)

1. Corporation Name

TED HOFFERBER, SRA, P.A.

Principal Place of Business

**259 BURNINGTREE DRIVE
NAPLES FL 33942**

Mailing Address

**259 BURNINGTREE DRIVE
NAPLES FL 34105-6305**

3. Date Incorporated or Qualified

06/01/1983

3a. Date of Last Report

02/20/1996

4. FEI Number

59-2315589

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

9. Name and Address of Current Registered Agent

**HOFFERBER, THEODORE R.
259 BURNING TREE DRIVE
NAPLES FL 33942**

81. Name

HOFFERBER, THEODORE R.

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

700 11th Street South S-201

83.

84. City

NAPLES

FL

85. Zip Code

34102

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 name and title of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ DELETE
DP	HOFFERBER, THEODORE R	259 BURNING TREE DRIVE	NAPLES, FL 00000	
D	HOFFERBER, COLLEEN C.	259 BURNING TREE DRIVE	NAPLES FL	

NOTE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	☐ Change ☐ Addition
DP	Hofferber, Theodore R	700 11th St. So. S-201	Naples, FL 34102	

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

Date

Daytime Phone #

941-263-6744

CR2E034 (9/96)