

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -7 AM 4:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F52246 (8)

1. Corporation Name

KOETZ & COMPANY, INC.

Principal Place of Business

**445 W. ERIE STREET
CHICAGO IL 60610**

Mailing Address

**445 W. ERIE STREET
CHICAGO IL 60610**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/03/1981

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2128110

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**

Trust Fund Contribution

☐

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**KOETZ, LEROY E
2401 EAST SCOTT STREET
PENSACOLA FL**

10. Name and Address of New Registered Agent

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 (typed or printed name of registered agent and for 8 appraiser)

(801) Registered Agent signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KOETZ, LEROY J
STREET ADDRESS	1660 WEDGEWOOD DRIVE
CITY ST ZIP	LAKE FOREST IL
TITLE	VS
NAME	KOETZ, LYNETT S.
STREET ADDRESS	1660 WEDGEWOOD DRIVE
CITY ST ZIP	LAKE FOREST IL
TITLE	TD
NAME	KOETZ, LYNETT S.
STREET ADDRESS	1660 WEDGEWOOD DRIVE
CITY ST ZIP	LAKE FOREST IL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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:

Leroy J. Koetz

NONAFFIRMED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leroy J. Koetz

3-21-95

312-642-5800

Date

Telephone Number