

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G86447**

(1)

1. Corporation Name

**GERKEN & COMPANY, INC.**



Principal Place of Business

**107 CONCORD DRIVE, STE C  
CASSELBERRY FL 32707**

Mailing Address

**107 CONCORD DRIVE, STE C  
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified

**02/27/1984**

3a. Date of Last Report

**04/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-2373673**

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**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GERKEN, HENRY III  
1166 CARMEL CR., #320  
CASSELBERRY FL 32707**

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 or print name of registered agent and the applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
GERKEN, HENRY III**  
STREET ADDRESS **1166 CARMEL CR., #320**  
CITY-ST-ZIP **CASSELBERRY FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VD  
GERKEN, ANN H.**  
STREET ADDRESS **1166 CARMEL CR., #320**  
CITY-ST-ZIP **CASSELBERRY FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **STD  
LISTER, RICHARD W.**  
STREET ADDRESS **501 SAYONA CT.**  
CITY-ST-ZIP **ALTAMONTE SPGS. FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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 its 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, unchanged, on an attachment with an address.

SIGNATURE:

*Henry Gerken III*

**HENRY GERKEN III**

**4/1/96**

**407-260-5161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)