

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

FILED

Feb 27 1996 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G89828** (9)

1. Corporation Name

AHRENS CONSTRUCTION COMPANY, INC.

Principal Place of Business

**6620 SEAWIND DRIVE
5349 SHALLEY CIRCLE
FT MYERS FL 33908
US**

Mailing Address

**6620 SEAWIND DRIVE
5349 SHALLEY CIRCLE
FT MYERS FL 33908
US**

3. Date Incorporated or Qualified
03/05/1984

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 **6620 Seawind Drive**

Suite, Apt. #, etc.

2a. Mailing Address

26 **6620 Seawind Drive**

Suite, Apt. #, etc.

22 City & State

23 **FT Myers FL**

Zip

24 **33908**

Country

25 **USA**

27 City & State

28 **FT Myers FL**

Zip

29 **33908**

Country

30 **USA**

4. FEI Number

59-2415763

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

**AHRENS, VERNON W.
5349 SHALLEY CIRCLE
FT MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name

Ahrens, Vernon W.

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

6620 Seawind Drive

83

84 City

FT Myers

State

FL

Zip Code

33908

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPT** ☒ DELETE

NAME **AHRENS, VERNON W.**
STREET ADDRESS **5349 SHALLEY CIRCLE**
CITY-ST-ZIP **FT MYERS FL**

TITLE **DPT** ☐ DELETE

NAME **AHRENS, VERNON W**
STREET ADDRESS **6620 SEAWIND DRIVE**
CITY-ST-ZIP **FT MYERS FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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: **Vernon W. Ahrens** **VERNON W. AHRENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(941) 481-8775

Daytime Phone #

CFR034 (12/95)