FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

CR2E034 (12/95)

DOCUMENT # **G92803** **(7)**

1. Corporation Name
CORNELL & RASCHE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
319 OLD BURNT STORE RD. CAPE CORAL FL 33991	319 OLD BURNT STORE RD. CAPE CORAL FL 33991

3. Date Incorporated or Qualified: 03/23/1984
3a. Date of Last Report: 04/06/1995
4. FEI Number: 59-2402184 — ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 3327-3329-3321 & 3328	26 319 Old Burnt Store Rd.
Suite, Apt. #, etc. 22 Skyline Bld.	Suite, Apt. #, etc. 27 Cape Coral
City & State 23 Cape Coral	City & State 28 Fl.
Zip 24 33991 — County 25 Lee	Zip 29 33991 — County 30 Lee

9. Name and Address of Current Registered Agent

ECKERTY, THOMAS G.
12934 KENWOOD LN. S.W., STE 89
SUITE 101
FT MYERS FL 33908

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 ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	RASCHE, WILLIAM E.	
STREET ADDRESS	3919 CEITUS PKWY.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	☐ DELETE
NAME	CORNELL, ROBERT J.	
STREET ADDRESS	319 OLD BURNT STONE ROAD	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	☐ DELETE
NAME	RASCHE, BLANCHE E.	
STREET ADDRESS	3919 CEITUS PKWY.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	☐ DELETE
NAME	CORNELL, DOROTHY F.	
STREET ADDRESS	319 OLD BURNT STORE ROAD	
CITY-ST-ZIP	CAPE CORAL FL	
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: Blanche E. Rasche Blanche E. Rasche — Date 4-12-96 — Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR