

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

DOCUMENT # H77072 (7)

1. Corporation Name

ERLENBACH & ERLENBACH, P.A.



Principal Place of Business

503 S PALM AVE
TITUSVILLE FL 32796

Mailing Address

503 S PALM AVE
TITUSVILLE FL 32796

3. Date Incorporated or Qualified

09/17/1985

3a. Date of Last Report

03/03/1995

2. Principal Place of Business

21 400 Julia Street

Suite, Apt. #, etc.

22 City & State

23 Titusville FL

24 Zip 32796

25 Country Brewer

2a. Mailing Address

26 400 Julia Street

Suite, Apt. #, etc.

27 City & State

28 Titusville FL

29 Zip 32796

30 Country Brewer

4. FEI Number

59-2581604

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

ERLENBACH, SUSAN K. W.

~~503 S PALM AVE~~
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name

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

83 400 Julia Street

84 City

Titusville

FL

85 Zip Code

32796

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

(If not the Registered Agent's signature, required when not a change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
ERLENBACH, SUSAN K.W.
STREET ADDRESS ~~503 SOUTH PALM AVENUE~~
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE

NAME D
ERLENBACH, KURT
STREET ADDRESS 503 SOUTH PALM AVENUE
CITY-ST-ZIP TITUSVILLE 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

400 Julia Street

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

400 Julia Street

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 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 I changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-6-96

Date

Daytime Phone

CR2E034 (12/95)