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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # .129213

121

1. Corporation WILLIAM	H. RAHN & ASSOCIATE	S, INC.	-,						
Principal Place of Business Mailing Address							ili Ofoli Bivil	BADAN BIBIN QIDIR Q	1001 1001
1513-4TH ST., N. ST. PETERSBURG FL 33704 US			1513-4TH ST N ST PETERSBURG FL 33704-4411 US						
						3. Date Incorporated or Qualified 08/15/1986		ate of Last Re 109/1996	eport
2. Principal Place of Business		<u></u>	28. Mailing Address			4. FEI Number 59-2753505			plied For t Applicable
Suite, Apt. # etc.		 -1	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State		City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip			ZIP Country			This corporation has liability for intangible tax under s. 199.032,			
24	25 29 30 9. Name and Address of Current Registered Agent		o]		Florida Statutes Yes No				
		rent Registered Agen	<u>t</u>	81	Name	10. Name and Address of New F	legistered	Agent	
	.EOD, PHILIP A. FIRST AVE. NO.			82		idress (P.O. Box Number is Not Accept	able)		
Suite 306 St. Petersburg FL 33701								·	
VI.	I E I E I I O E I			84	City			85 Zip (Code
44 0	1 11 1 10 10 10 10 10 10 10 10 10 10 10	V 00 C07 4500 El		<u> </u>		propration submits this statement for the	FL	<u> </u>	
office or r agent. I a	registered agent, or both, in the St im familiar with, and accept the ob-	ate of Florida. Such choligations of, Section 60	ange was auti 07.0505, Florid	horized by la Statutes	the corpor	ration's board of directors. I hereby acc	ept the ap	pointment as	registered
SIGNATURE	Signature typed or printed name of registered	Lagent and fills if applicable	(NOTE: B	legistered Ace	ent signature rec	quired when reinstating)	DATE		
12.		AND DIRECTORS	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OF	ICERS AN	D DIRECTOR	IS IN 12
TITLE	P		DELETE	1.1 TITLE				Change	Addition
NAME	RAHN, WILLIAM H.			1.2 NAME					
STREET ADDRESS	1513 4TH ST N			1.3 STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CiTY - S	IT-ZIP				
TITLE	VTS DELETE		DELETE	2.1 T/TLE				L Change	☐ Addition
NAME	RAHN, MARGARET A.			2.2 NAME	ļ				
STREET ADDRESS	1513-4TH ST N ST. PETERSBURG FL			2.3 STREET					
CITY - ST - ZIP TITLE	31. PETENODUNG PL		DELETE	2. 4 CITY - S 3 1 TITLE	ST-ZIP			Change	Addition
NAME		L	WELL TE	32 NAME				The priority	roution
STREET ADDRESS				33 STREET	ADDRESS				
CITY: ST-ZIF				3 4. CITY - 9					
THE			DELETE	4.1 TITLE	J. L.N.			Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREET	ADDRESS				
CITY - ST - ZIP				4.4 CITY - S	T-ZIP				
TITLE			DELETE	51 TIFLE				Change	☐ Addition
NAME				5.2 NAME					
STREET ADDRESS				5.3 STAFET	ADDRESS				
CITY-ST-7IP				5.4 CITY-S	IT-ZIP				
TITLE		L	DELETE	6.1 TITLE				L Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				63STREET					
CITY-ST-7IP	<u></u>			6.4 CITY - S	T-ZIP				

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 turbles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation or the receiver or trusted appears in Block 12 or Block 13 if changed, or on an attachmen with

SIGNATURE:

1-23-97 (813)821-423-

FILED

Jan 29 1997 8:00am

Secretary of State