FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 AM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J29652** **(1)**

1. Corporation Name
STOTTLER HENKE ASSOCIATES, INC.

Principal Place of Business:
C/O RICHARD H. STOTTLER III
916 HOLLY ROAD
BELMONT CA 94002
US

Mailing Address:
C/O RICHARD H. STOTTLER III
916 HOLLY ROAD
BELMONT CA 94002
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1986
3a. Date of Last Report: 04/14/1994
4. FEI Number: 94-3122641 — 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 XX No

2. Principal Place of Business — 21 | Suite, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25
2a. Mailing Address — 26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

STOTTLER, JOYCE
1102 SOUTH BREVRD AVENUE
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 1102 SOUTH BREVARD AVENUE
83
84 City: FL
85 Zip Code:

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D	TITLE	X Change ☐ Addition
NAME	STOTTLER, RICHARD H. III	NAME	
STREET ADDRESS	916 HOLLY ROAD	STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA	CITY-ST-ZIP	BELMONT CA 94002
TITLE	D	TITLE	X Change ☐ Addition
NAME	HENKE, ANDREA L.	NAME	
STREET ADDRESS	916 HOLLY ROAD	STREET ADDRESS	
CITY-ST-ZIP	BELMONT CA	CITY-ST-ZIP	BELMONT CA 94002
TITLE		TITLE	P ☐ Change X Addition
NAME		NAME	MAHER, TIMOTHY P.
STREET ADDRESS		STREET ADDRESS	916 HOLLY ROAD
CITY-ST-ZIP		CITY-ST-ZIP	BELMONT CA 94002
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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 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: Rich H. S. Stottler — Richard H. Stottler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/95 — Date
(415) 595-1692 — Daytime Phone #

0481943 FN