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PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name

STOTTLER HENKE ASSOCIATES, INC.

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

3. Date Incorporated or Qualified: 08/20/1986
3a. Date of Last Report: 05/01/1995

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 ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. 2016 Belle Monti Ave	27 Suite, Apt. #, etc. 2016 Belle Monti Ave.
23 City & State Belmont, CA	28 City & State Belmont, CA
24 Zip 94002 25 Country US	29 Zip 94002 30 Country US

9. Name and Address of Current Registered Agent

STOTTLER, JOYCE
1102 SOUTH BREVARD 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)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0504 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOTTLER, RICHARD H. III 916 HOLLY ROAD BELMONT CA	☐ DELETE	1-1 TITLE / 1-2 NAME / 1-3 STREET ADDRESS / 1-4 CITY-ST-ZIP	☒ Change ☐ Addition 2016 Belle Monti Ave Belmont, CA 94002
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENKE, ANDREA L. 916 HOLLY ROAD BELMONT CA	☐ DELETE	2-1 TITLE / 2-2 NAME / 2-3 STREET ADDRESS / 2-4 CITY-ST-ZIP	☒ Change ☐ Addition 2016 Belle Monti Ave Belmont, CA 94002
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHER, TIMOTHY P 916 HOLLY ROAD BELMONT CA	☐ DELETE	3-1 TITLE / 3-2 NAME / 3-3 STREET ADDRESS / 3-4 CITY-ST-ZIP	☒ Change ☐ Addition 2016 Belle Monti Ave Belmont, CA 94002
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4-1 TITLE / 4-2 NAME / 4-3 STREET ADDRESS / 4-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5-1 TITLE / 5-2 NAME / 5-3 STREET ADDRESS / 5-4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6-1 TITLE / 6-2 NAME / 6-3 STREET ADDRESS / 6-4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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: Richard H. Stottler III 2/26/96 (415) 595-1692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard H. Stottler III Director