

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J94681** (0)

1. Corporation Name  
**GINGERICH ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
**5750 FRUITVILLE RD  
SARASOTA FL 34232  
US**

3. Date Incorporated or Qualified <b>09/30/1987</b>	3a. Date of Last Report <b>01/23/1995</b>
4. FEI Number <b>65-0009466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 <b>1025 HONORE AVE.</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State <b>SARASOTA, FLORIDA</b>
Zip 24	Country 25 <b>U.S.A.</b>
Country 25	Zip 29 <b>34232</b>

9. Name and Address of Current Registered Agent

**GINGERICH  
1025 HONORE AVE.  
SARASOTA FL 34232**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINGERICH, LESTER</b>	1.2 NAME	
STREET ADDRESS	<b>1025 HONORE AVENUE</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SARASOTA FL</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINGERICH, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>6190 RICHARDSON ROAD</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SARASOTA FL</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINGERICH, RHODA</b>	3.2 NAME	
STREET ADDRESS	<b>1025 HONORE AVE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SARASOTA FL</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINGERICH, JASON</b>	4.2 NAME	
STREET ADDRESS	<b>1022 BENEVA ROAD</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SARASOTA FL</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GINGERICH, JOHN MARK</b>	5.2 NAME	
STREET ADDRESS	<b>1022 BENEVA ROAD</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>SARASOTA FL</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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:

*Lester J. Gingerich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

941-379-9600

Date

Daytime Phone #

CR2E034 (12/95)