

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****DOCUMENT # J97655****(1)**

1. Corporation Name

E. AMMANN, INC.**FILED****95 FEB -7 PM 1:50****SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 1 FLORIDA PARK DR. N. STE 203 PALM COAST FL 32137		Mailing Address 1 FLORIDA PARK DR. N. STE 203 PALM COAST FL 32137	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/15/1987	3a. Date of Last Report 04/29/1994
21	26	4. FEI Number 59-2655137	Applied For Not Applicable
22	27	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	29	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent**GITTLER, URSULA
1 FLORIDA PARK DR. N.
PALM COAST FL 32137****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

FL

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 date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MERKLI, KURT	1.2 NAME	
STREET ADDRESS	1 FLORIDA PARK DR. N.	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MERKLI, ROSEMARIE	2.2 NAME	
STREET ADDRESS	1 FLORIDA PARK DR. N.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	GITTLER, URSULA	3.2 NAME	
STREET ADDRESS	1 FLORIDA PARK DR. N.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM COAST FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Ursula Gittler* **URSULA GITTLER** 1-18-95 904-445-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exempt From Fee