

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K08297 (9)

1. Corporation Name

LUDWIG & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**501 WHITEHEAD STREET
UPSTAIRS SUITE
KEY WEST FL 33040**

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UPSTAIRS SUITE
KEY WEST FL 33040**

3. Date Incorporated or Qualified **12/18/1987** 3a. Date of Last Report **03/14/1995**

4. FEI Number **59-2875339** 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
21 **1304 SIMONTON**

2a. Mailing Address
26 **1229 GREENWOOD CLIFF**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 **SUITE 320**

23 City & State **Key West, FL**

28 City & State **CHARLOTTE NC**

24 Zip **33040** 25 Country **USA**

29 Zip **28204** 30 Country **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOYLE, WILLIAM E.
~~16 OSBORNE, MCNATT ET AL~~
FIRST UNION BUILDING, SUITE 1400
JACKSONVILLE FL 32202**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **DOYLE & FORD P.A.**
6 EAST BAY ST. SUITE 320
84 City **JACKSONVILLE** FL 85 **32202**

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 the applicable

(NONE - Registered Agent Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	☐ DELETE
NAME	LUDWIG, JAMES E.	
STREET ADDRESS	1500 ATLANTIC BLVD, UNIT 306	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/96 704-335-8470

Date

Daytime Phone

CR2E034 (3/96)