FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K36629

TRICKS - N - TREATS, INC.

(9)

FILED								
Feb 24 1997 8:00am								
Secretary of State								

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Principal Place of Business Mailing Address						. Bigir Bibli bibli bibli bibli	., 6.621 (661
% ROBERT GOETZELMAN		% ROBERT GOETZELMAN					
18332 ORIOLE		18332 ORIOLE RD. FT. MYERS FL 33912-3253	,				
FT. MYERS FL	33912	FI. MIERO FL OOBIE-0200	,		3. Date Incorporated or Qualified	3a. Date of Last	Poport
					10/03/1988	03/26/1996	персіі
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For
21		26			65-0073027	1	lot Applicable
Suite, Apt	#, etc.	Suite, Apt #, etc			5. Certificate of Status Desired	□ \$8.75	Additional
22		27		·····	5. Certificate of Statos Desired	Fee F	Required
City & Stat	0	City & State			6. Election Campaign Financing		May Be
23		28	T		Trust Fund Contribution		to Fees
Zip			Countr	У	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29 30 30 9. Name and Address of Current Registered Agent			Florida Statutes Yes Yoo 10. Name and Address of New Registered Agent			
COL	TZELMAN, ROBERT	in negletere Agent	81	Name	IV. Halle also Addites of New Ne	Gistaled Mank	
	32 ORIOLE RD		82			***************************************	
	FT. MYERS FL 33912			Street Add	ress (P.O. Box Number is Not Acceptal	ote)	
, , ,	WITEHO I E GOOTE		83				·····
			84	City		B5 Zip	Code
				'		FL '	
11. Pursuant office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statu	tes, the above	re-named corp	poration submits this statement for the particles tooks board of directors. I hereby acce	ourpose of changing	its registered
agent La	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Statute	is.	tion is board of directors. Thereby acce	pt the appointment a	s registered
SIGNATURE							
12.	Signature, typied or printed name of registered ag	rent and little if applicable (NO: ND DIRECTORS	TE Registered Ag	jent signature requi	red when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	200 141 40
THE	PST	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFI	Change	
NAME	GOETZELMAN, ROBERT	Married 11	1.2 NAME	ŀ		C. Sincings	
STREET ADDRESS	18332 ORIOLE RD.			T ADDRESS			
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY				
TITLE	D	☐ DELETE	2.1 TITLE			Change	Addition
NAME	GOETZELMAN, ROBERT		2.2 NAME				
STREET ADDRESS	18332 ORIOLE RD.		2.3 STREE	T ADDRESS	1		
C+TY + \$1 + 71P	FT. MYERS FL		2 4 City-	SI-ZIP			
TITLE	VP	DELETE	3.1 TITLE			Change	Addition
NAME	GOETZELMAN, GRACE		3.2 NAME				
STREET ADORESS	18332 ORIOLE RD.		3.3 STREE	T ADDRESS			
CITY - ST- ZIP	FT. MYERS FL	T Larger	3.4. CITY-	ST-ZIP			
11111		L_1 DELETE	4.1 TITLE			Change	Addition
NAME			4.2 NAME				
STHEET ADDRESS				T ADDRESS			
CHY-ST-7IP TITLE		DELETE	4.4 CITY-	SI-ZIP		Channe	Addition
NAME		□1 Deret	51 TITLE 52 NAME			Change	Addition
STREET ADDRESS							
 				T ADDRESS	5.1		
C:TY+ST-ZiF TITLE		DELETE	5.4 CiTY- 6.1 TITLE	51 - ZIP		Change	Addition
NAME		La pettale	6.2 NAME		•	Onlinge	THE VOCUMENT
14-1181L	1		V.Z DIMMIK		•		

14. I do hereby certify that the information supplied with this filing 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 standard legal effect as if made under oath; that I am an officer or director of the corporation or the recoiver or true ee empowered to execute this report as required by Chapter 90 Authorida Statutes; and that my name appears in Block 12 or Block 13 if changed or on in attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

0(1Y - ST - 7)P

SIGNATURE AND Y