

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K38603 (2)

1. Corporation Name

PALM BEACH RESOURCES, INC.

Principal Place of Business

6326-C WHISKEY CREEK DR.
FT. MYERS FL 33919

Mailing Address

6326-C WHISKEY CREEK DR.
FT. MYERS FL 33919

FILED

95 JUL 25 AM 8:07

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1988	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0142913	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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 6309 CORPORATE CT Suite, Apt. #, etc.	26 6309 CORPORATE CT Suite, Apt. #, etc.
22 City & State	27 City & State
23 FT MYERS FL	28 FT MYERS FL
24 33919	25 LEE
29 33919	30 LEE

9. Name and Address of Current Registered Agent

**ALTEMEYER, RICHARD W.
11131 LUCKETT RD. EXT.
FT. MYERS FL 33905**

10. Name and Address of Now Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 of person or persons of registered agent and title of associate

Signature of registered agent (signature required when re-registering)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	☐ Change ☐ Addition
NAME	ALTEMEYER, RICHARD W.	1.2 NAME	
STREET ADDRESS	11131 LUCKETT RD. EXT	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	1.4 CITY, ST, ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALTEMEYER, RICHARD W.	2.2 NAME	
STREET ADDRESS	11131 LUCKETT RD. EXT	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT. MYERS FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		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 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 registered agent or authorized representative to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13, as indicated, or on an addition to Block 13.

SIGNATURE:

Richard W. Altemeyer
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD W. ALTEMEYER

7/5/95 **813-489-1318**
Date Telephone #