

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 APR -7 AM 6:00****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # K40584****(0)**

1. Corporation Name

SIPPEL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**C/O ROBERT J. SIPPEL
42 SE HARBOR PT DR
STUART FL 34996****C/O ROBERT J. SIPPEL
42 SE HARBOR PT DR
STUART FL 34996**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/24/1988

3a. Date of Last Report

04/26/1994

2. Principal Place of Business

2a. Mailing Address

21**26**

4. FEI Number

65-0077541

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

City & State

City & State

23**28**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

Zip

Country

Zip

Country

24**25****29****30**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIPPEL, ROBERT J.
42 SE HARBOR PT DR
STUART 34996**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 the corporation

ROBERT J. SIPPEL

(NOTE: Registered Agent signature required when registering)

APRIL 1, 1995

(DAY)

12. OFFICERS AND DIRECTORS

TITLE **DPT**
NAME **SIPPEL, ROBERT J.**
STREET ADDRESS **42 SE HARBOR PT DR**
CITY, ST, ZIP **STUART FL**TITLE **DVS**
NAME **SIPPEL, PHYLLIS M.**
STREET ADDRESS **42 SE HARBOR PT DR**
CITY, ST, ZIP **STUART FL**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIPTITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 110.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, given in attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. SIPPEL**APRIL 1, 1995 407-220-8623**

Title

(Captain/President)