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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL -6 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K47842** **(5)**

1. Corporation Name
ALTHOUSE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1443 DEL PRADO BLVD. **CAPE CORAL FL 33990**	**5828 WILD FIG LANE** **FT. MYERS FL 33919**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1988**
3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: **65-0096811** ☐ 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 organization has elected, for reporting tax purposes, to be governed by Section 1.1375 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALTHOUSE, THEODORE
5828 WILD FIG LANE
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

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 change(s) 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: (Registered Agent Signature Required for Filing) (Registered Agent Signature Required when Applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7 TITLE	**PT**	71 TITLE	☐ Change ☐ Addition
8 NAME	**ALTHOUSE, THEODORE**	72 NAME	
9 STREET ADDRESS	**5828 WILD FIG LANE**	73 STREET ADDRESS	
10 CITY ST ZIP	**FT. MYERS FL**	74 CITY ST ZIP	
11 TITLE	**VS**	75 TITLE	☐ Change ☐ Addition
12 NAME	**ALTHOUSE, ARDIS**	76 NAME	
13 STREET ADDRESS	**5828 WILD FIG LANE**	77 STREET ADDRESS	
14 CITY ST ZIP	**FT MYERS FL**	78 CITY ST ZIP	
15 TITLE		79 TITLE	☐ Change ☐ Addition
16 NAME		80 NAME	
17 STREET ADDRESS		81 STREET ADDRESS	
18 CITY ST ZIP		82 CITY ST ZIP	
19 TITLE		83 TITLE	☐ Change ☐ Addition
20 NAME		84 NAME	
21 STREET ADDRESS		85 STREET ADDRESS	
22 CITY ST ZIP		86 CITY ST ZIP	
23 TITLE		87 TITLE	☐ Change ☐ Addition
24 NAME		88 NAME	
25 STREET ADDRESS		89 STREET ADDRESS	
26 CITY ST ZIP		90 CITY ST ZIP	
27 TITLE		91 TITLE	☐ Change ☐ Addition
28 NAME		92 NAME	
29 STREET ADDRESS		93 STREET ADDRESS	
30 CITY ST ZIP		94 CITY ST ZIP	

CR2E034 (3/95)

14. I (We) hereby certify that the information supplied with this filing complies with, and 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 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 if changed or added above.

SIGNATURE: *Theodore Althouse*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-95
Date

813-574-7755
Daytime Phone Number

0181479 FP