

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # K69186 (0)**

1. Corporation Name

**PRESSLER & ASSOCIATES, INCORPORATED**

Principal Place of Business

Mailing Address

% DONALD L. PRESSLER  
505 EMBERWOOD DR  
BRANDON FL 33511

% DONALD L. PRESSLER  
505 EMBERWOOD DR  
BRANDON FL 33511



2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**27**

**22**

City & State

City & State

**28**

**23**

Zip

Zip

Country

**24**

Country

**25**

**29**

**30**

**9. Name and Address of Current Registered Agent**

**PRESSLER, DONALD L.  
505 EMBERWOOD DR  
BRANDON FL 33511**

**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 title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**12. OFFICERS AND DIRECTORS**

**DELETE**

**13.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

**Change**  **Addition**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**D**  
**PRESSLER, DONALD L.**  
**505 EMBERWOOD DR**  
**BRANDON FL**

**11 TITLE**  
**12 NAME**  
**13 STREET ADDRESS**  
**14 CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**21 TITLE**  
**22 NAME**  
**23 STREET ADDRESS**  
**24 CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**31 TITLE**  
**32 NAME**  
**33 STREET ADDRESS**  
**34 CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**41 TITLE**  
**42 NAME**  
**43 STREET ADDRESS**  
**44 CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**51 TITLE**  
**52 NAME**  
**53 STREET ADDRESS**  
**54 CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**61 TITLE**  
**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 119.07(3)(k), 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 on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Donald Pressler*

*1/17/96 813-685-9314*

CR2E034 (12/95)