

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED**

1995 JUL 27 AM 10:18

TALLAHASSEE, FLORIDA

**DOCUMENT # K73108**

**(8)**

1. Corporation Name

**A.G. KEHLE & COMPANY, INC.**

Principal Place of Business

Mailing Address

**2401 PGA BLVD  
SUITE 110  
N PALM BEACH FL 33410  
US**

**2401 PGA  
SUITE 110  
N PALM BEACH FL 33410  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/16/1989**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**65-0113131**

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 corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KEHLE, A.G.  
2401 PGA BLVD  
SUITE 110  
N PALM BEACH FL 33410**

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  
and registered agent, 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 607.0506, Florida Statutes.

SIGNATURE

(Signature types in printed name of registered agent and the corporation)

(Signature types in printed name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |
|----------------|------------------------------|
| TITLE          | <b>OP</b>                    |
| NAME           | <b>KEHLE, A.G., III</b>      |
| STREET ADDRESS | <b>12378 INDIAN ROAD</b>     |
| CITY, ST, ZIP  | <b>N PALM BEACH FL</b>       |
| TITLE          | <b>D</b>                     |
| NAME           | <b>KEHLE, RUTH H.</b>        |
| STREET ADDRESS | <b>12420 PLANTATION LANE</b> |
| CITY, ST, ZIP  | <b>N PALM BEACH FL</b>       |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |
| TITLE          |                              |
| NAME           |                              |
| STREET ADDRESS |                              |
| CITY, ST, ZIP  |                              |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY, ST, ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY, ST, ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY, ST, ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY, ST, ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY, ST, ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY, ST, ZIP  |                                                                   |

14. I do hereby certify that the information submitted 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 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 officer 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 or is so accompanied with an address.

**SIGNATURE:**

(Signature and typed or printed name of signing officer or director)

7/24/95  
076-6060