FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L05113** **(0)**

1. Corporate Name

KIRCHHOFF DISTRIBUTORS, INC.

Principal Place of Business

%STEPHEN E. KIRCHHOFF
673 PALM VIEW DR
NAPLES FL 33942

Mailing Address

%STEPHEN E. KIRCHHOFF
673 PALM VIEW DR
NAPLES FL 33942

2. Principal Place of Business
21 **3115 ANDORRA CT.**
22
23 City & State **NAPLES, FL.**
24 Zip **33999** 25 County **COLLIER**

2a. Mailing Address
26 **3115 ANDORRA CT**
27
28 City & State **NAPLES, FL.**
29 Zip **33999** 30 County **COLLIER**

3. Date Incorporated or Qualified: **07/24/1989**
3a. Date of Last Report: **02/14/1995**

4. FEI Number: **65-0131645** ☐ 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 unrecaptured tax under s. 193.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KIRCHHOFF, STEPHEN
673 PALM VIEW DR
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **3115 ANDORRA CT.**
83
84 City **NAPLES** **FL** 85 Zip Code **33999**

11. Pursuant to the provisions of Section 607.0502 and Rule 7.502, 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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

DP
KIRCHHOFF, STEPHEN E
673 PALM VIEW DR
NAPLES FL
☐ DELETE

D
KIRCHHOFF, PATRICIA M
673 PALM VIEW DR
NAPLES FL
☐ DELETE

☐ DELETE
☐ DELETE
☐ DELETE
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE ☐ Change ☐ Addition
1 NAME
1 STREET ADDRESS **3115 ANDORRA CT.**
1 CITY ST ZIP **NAPLES, FL 33999**

2 TITLE ☐ Change ☐ Addition
2 NAME
2 STREET ADDRESS **3115 ANDORRA CT.**
2 CITY ST ZIP **NAPLES, FL. 33999**

3 TITLE ☐ Change ☐ Addition
3 NAME
3 STREET ADDRESS
3 CITY ST ZIP

4 TITLE ☐ Change ☐ Addition
4 NAME
4 STREET ADDRESS
4 CITY ST ZIP

5 TITLE ☐ Change ☐ Addition
5 NAME
5 STREET ADDRESS
5 CITY ST ZIP

6 TITLE ☐ Change ☐ Addition
6 NAME
6 STREET ADDRESS
6 CITY ST ZIP

CR2E034 (12/95)

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)(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 above, or on an attached sheet with an address.

SIGNATURE: *Stephen E. Kirchhoff* **1/19/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
STEPHEN E. KIRCHHOFF