FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L27479** (9)

1. Corporation Name
STRICKLER BROS., INC.

Principal Place of Business	Mailing Address
17568 ROCKEFELLER CR. STE. 4 FT. MYERS FL 33912 US	17568 ROCKEFELLER CR. STE. 4 FT. MYERS FL 33912-5822 US

3. Date Incorporated or Qualified: 11/02/1989
3a. Date of Last Report: 02/29/1996

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

4. FEI Number: 65-0159654 ☐ 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

9. Name and Address of Current Registered Agent

STRICKLER, STEVEN J.
17497 BRENTWOOD CT., S.E.
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 8145 GULL LANE
84 City FORT MYERS FL 85 Zip Code 33912

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	STRICKLER, STEVEN J		1.2 NAME		
STREET ADDRESS	17497 BRENTWOOD CT., S.E.		1.3 STREET ADDRESS	8145 GULL LANE	
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLER, DANIEL S		2.2 NAME		
STREET ADDRESS	17257 PHLOX DR., S.E.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	STRICKLER, DEAN A		3.2 NAME		
STREET ADDRESS	18209 POPLAR RD.		3.3 STREET ADDRESS	18558 DOGWOOD ROAD	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VP	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	STRICKLER, GARY L		4.2 NAME		
STREET ADDRESS	708 68TH AVE. DR., W.		4.3 STREET ADDRESS	18239 USEPPA ROAD	
CITY-ST-ZIP	BRADENTON FL		4.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE: [signature] 4/29/97