

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: \$975)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L95208 (9)

1. Corporation Name
OSTERTAG, INC.

Principal Place of Business

3960 GORDON DR
NAPLES FL 33940

Mailing Address

3960 GORDON DR
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/01/1990

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 1167 THIRD ST. S.

2a. Mailing Address

26 1167 THIRD ST. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 NAPLES, FL

City & State

28 NAPLES, FL

Zip

24 33940

Country

25 USA

Zip

29 33940

Country

30 USA

4. FEI Number

65-0216884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for interjurisdictional under s. 193.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CROWN, HOWARD L.
3003 TAMiami TRAIL N SUITE 275
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name KATHERINE M. GOODMAN

82 Street Address (P.O. Box Number is Not Acceptable)

83 1167 3RD ST. SOUTH

84 City NAPLES,

FL

85 Zip Code 33940

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 renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
OSTERTAG, JEAN A
3960 GORDON DR
NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME EILEEN M. DUGGAN
1.3 STREET ADDRESS 1167 THIRD ST. S.
1.4 CITY - ST - ZIP NAPLES, FL 33940

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME KATHERINE M. GOODMAN
2.3 STREET ADDRESS 1167 THIRD ST. S.
2.4 CITY - ST - ZIP NAPLES, FL 33940

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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 110.07(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 PERSON OR DIRECTOR

EILEEN M. DUGGAN PRESIDENT

Date

Daytime Phone

7-11-95 944-262-2448

CR2E034 (3/95)