FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **M87935** **(6)**

1. Corporate Name
E. WURTHMAN, INC.

Principal Place of Business
815 CHASTAIN ROAD
SEFFNER FL 33584

Mailing Address
815 CHASTAIN ROAD
SEFFNER FL 33584

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/30/1988**
3a. Date of Last Report: **06/13/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. # or Bldg. (22)
Suite, Apt. # or Bldg. (27)
City & State (23)
City & State (28)

4. FEI Number: **59-2906745** ☐ 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

(24) (25) (29) (30)

8. This corporation has liability for intangible tax under § 199.073, Florida Statutes. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WURTHMANN, ERVIN
815 CHASTAIN ROAD
SEFFNER FL 33584

10. Name and Address of New Registered Agent

(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 Section 607.193, and/or 1945, 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. Said 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

(80) DP
NAME: WURTHMANN, ERVIN
STREET ADDRESS: 815 CHASTAIN ROAD
CITY-ST-ZIP: SEFFNER FL

(80) VTD
NAME: WURTHMANN, WILHELMINA
STREET ADDRESS: 815 CHASTAIN ROAD
CITY-ST-ZIP: SEFFNER FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

(80) ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

(80) ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

(80) ☐ Change ☐ Addition
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CITY-ST-ZIP

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(80) ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I/We 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 (if applicable) or on an attachment with all blanks filled.

SIGNATURE: Erwin J. Wurthmann 5/20/95 (813) 681-8474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288001 CP