

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N96000000017 (1)

1. Corporation Name

THE ROYAL PALM ROTTWEILER CLUB, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1666  
FORT MYERS FL 33902

P.O. BOX 1666  
FORT MYERS FL 33902

3. Date Incorporated or Qualified  
12/29/1995

3a. Date of Last Report  
1st ONE

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

4. FEI Number

45-0586777

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 NAYS STREET  
TALLAHASSEE FL 32301-2525

DELETE

81 Name

BYRON E. SMOCK

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

2107 SE 12th STREET

83

84

City

CAPE CORAL

FL

85

Zip Code  
33990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

BYRON E. SMOCK

(If not Registered Agent signature required when reinstating)

By E. Smock

8/5/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D - AND TREASURER  
NAME SMOCK, BYRON  
STREET ADDRESS P.O. BOX 1666 N/A  
CITY - ST - ZIP FORT MYERS FL 33902

☐ DELETE

TITLE D - ~~SECRETARY~~ VP  
NAME SMOCK, KAREN  
STREET ADDRESS P.O. BOX 1666 N/A  
CITY - ST - ZIP FORT MYERS FL 33902

☐ DELETE

TITLE D - PRESIDENT  
NAME SOMMERS, EARL  
STREET ADDRESS P.O. BOX 1666 N/A  
CITY - ST - ZIP FORT MYERS FL 33902

☐ DELETE

TITLE D - SECRETARY  
NAME SOMMERS, LYNDIA  
STREET ADDRESS P.O. BOX 1666 N/A  
CITY - ST - ZIP FORT MYERS FL 33902

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

BYRON E. SMOCK By E. Smock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

Date

941-278-4455

Daytime Phone #