

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 # P02776 (3)

1. Corporation Name

R.F. WOLTERS CO., INC.



Principal Place of Business

3715 VINELAND ROAD
ORLANDO FL 30071
US

Mailing Address

4585 BERKELEY LAKE ROAD SOUTH
NORCROSS GA 30071

3. Date Incorporated or Qualified
07/20/1984

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1093612

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME WOLTERS, RICHARD F.
STREET ADDRESS 4585 BERKELEY LK RD, S
CITY-ST-ZIP NORCROSS GA

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE S ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME WOLTERS, LORELLEE A.
STREET ADDRESS 4585 BERKELEY LK RD, S
CITY-ST-ZIP NORCROSS GA

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME WOLTERS, GARRETT F.
STREET ADDRESS 4585 BERKELEY LK RD, S
CITY-ST-ZIP NORCROSS GA

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME WOLTERS, GREGORY R
STREET ADDRESS 4585 BERKELEY LN RD S
CITY-ST-ZIP NORCROSS GA

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

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 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 OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-96 770-449-5855

CR2E034 (12/95)