

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P18087 (7)
1. Corporation Name
VON BERGEN, LTD. CORPORATION



Principal Place of Business Mailing Address
400 W. ROMANA STREET 400 W. ROMANA STREET
PENSACOLA FL 32533 PENSACOLA FL 32533

3. Date Incorporated or Qualified 02/22/1988 3a. Date of Last Report 08/17/1995
4. FEI Number 63-0783313 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

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

9. Name and Address of Current Registered Agent

QUINA, CARTER
400 W ROMANA ST
PENSACOLA FL 32501

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 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)

(If 015. Registered Agent signature required when reinstating)

(JAT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	11 TITLE	
NAME	VON BERGEN, ED	12 NAME	
STREET ADDRESS	400 WEST ROMANA STREET	13 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	
NAME	QUINA, CARTER	22 NAME	
STREET ADDRESS	400 WEST ROMANA STREET	23 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	24 CITY - ST - ZIP	
TITLE	TD	31 TITLE	
NAME	STEVENS, ROSE	32 NAME	
STREET ADDRESS	400 WEST ROMANA STREET	33 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 included 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:

Edward von Bergen

Aug 6, 1996 904-434-7345

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City and Phone #

CR2E034 (3/96)