

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 # **P92000006063 (1)**

1. Corporation Name

HERR INTERESTS, INC.

Principal Place of Business

**2050 BRIGHTWATERS BLVD NE
ST PETERSBURG FL 33704**

Mailing Address

**2050 BRIGHTWATERS BLVD NE
ST PETERSBURG FL 33704**



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

9. Name and Address of Current Registered Agent

**ROWE, JAMES C
% RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVE S 400N
ST PETERSBURG FL 33701**

61 Name

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

63

64 City

FL

65

Zip Code

10. Name and Address of New Registered Agent

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 of person authorized to file this report with the state

Signature of person authorized to file this report with the state

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
HERR BARGER, PAMELA
STREET ADDRESS
2050 BRIGHTWATERS BLVD NE
CITY-ST-ZIP
ST PETERBURG FL

2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

TITLE ☐ DELETE

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

TITLE ☐ DELETE

9. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP

TITLE ☐ DELETE

13. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

TITLE ☐ DELETE

17. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

18. NAME
19. STREET ADDRESS
20. CITY-ST-ZIP

TITLE ☐ DELETE

21. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

22. NAME
23. STREET ADDRESS
24. 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)(b), 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:

Pamela Barger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

813-821-5421

CR2E034 (12/95)