

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000013919 (5)

1. Corporation Name

HAROLD W. WIPKE REALTY, INC.



Principal Place of Business

7350 S TAMiami TRAIL
SUITE 13A
SARASOTA FL 34231
US

Mailing Address

7350 S TAMiami TRAIL
SUITE 13A
SARASOTA FL 34231
US

2. Foreign Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25. 9. Name and Address of Current Registered Agent

WIPKE, HAROLD W
7350 S. TAMiami TRAIL
SUITE 13A
SARASOTA FL 34231

3. Date Incorporated or Qualified
12/23/1992

3a. Date of Last Report
03/08/1995

4. FID Number
43-0741136

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

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 602.02 and 602.03, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office and a designated agent in the State of Florida and hereby authorizes by this corporation's board of directors, I hereby accept the appointment as registered agent. I am fully aware and accept the obligation of Section 602.03, Florida Statutes.

SIGNATURE

12.

PD
WIPKE, HAROLD W.
7350 S. TAMiami TRAIL #13A
SARASOTA FL 34231
SD
WIPKE, SHIRLEY M
7350 S. TAMiami TRAIL #13A
SARASOTA FL 34231

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13.

1. NAME

2. NAME

3. STREET ADDRESS

4. CITY, ST, ZIP

5. NAME

6. NAME

7. STREET ADDRESS

8. CITY, ST, ZIP

9. NAME

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. NAME

21. STREET ADDRESS

22. CITY, ST, ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 941-921-2496

CR2E034 (12/95)