

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
ANNUAL REPORT
1995

APPROVED
AND
FILED

MAY 17 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000022838 (5)

GOETHE PROPERTIES, INC.

Principal Office Address: P.O. BOX 2333
CRYSTAL RIVER FL 34423
Mailing Address: P.O. BOX 2333
CRYSTAL RIVER FL 34423

DO NOT WRITE IN THIS SPACE

2. Date of Incorporation or Qualification	3a. Date of Last Report
03/23/1993	05/01/1994
4. FEI Number	Applying For
59-3171175	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 § 199.032, Florida Statutes	☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DILLON, RONALD D 589 SE HWY 19 CRYSTAL RIVER FL 34423	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 607.05(2) and 607.15(8), 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 607.05(9), Florida Statutes.

SIGNATURE: RONALD D. DILLON
Signature of Registered Agent: [Signature]
Date: 5-3-95

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME: GOETHE, HARTMUT 2. STREET ADDRESS: 3470 STIRRUP DR 3. CITY AND STATE: BEVERLY HILLS FL 34465	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY AND STATE: [] Change [] Addition
1. NAME: GOETHE, HILDEGARD 2. STREET ADDRESS: 3470 STIRRUP DR 3. CITY AND STATE: BEVERLY HILLS FL 34465	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY AND STATE: [] Change [] Addition
1. NAME: DILLON, RONALD D 2. STREET ADDRESS: 589 SE HWY 19 3. CITY AND STATE: CRYSTAL RIVER FL 34423	1. NAME: [] Change [] Addition 2. STREET ADDRESS: [] Change [] Addition 3. CITY AND STATE: [] Change [] Addition
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement in Section 199.032, 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. I am president or director of the corporation or the owner of the corporation and I am not a resident of the State of Florida. I am not a resident of the State of Florida. I am not a resident of the State of Florida.

SIGNATURE: RONALD D. DILLON
Signature of Registered Agent: [Signature]
Date: 5/3/95
Filing Fee: \$01-725-5386