## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997

Principal Place of Business

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 21 1997 8:00am

Secretary of State

11 Brongeler 2-1797 613-869-600

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000079582 (1)

R.H. BIERWEILER & ASSOCIATES, INC-

| 8039 LITTLE ROAD<br>NEW PORT RICHEY FL 34654 |  | 12805 PALM TREE CT<br>HUDSON FL 34889-2825                          |                     |                 |  |   |                                |                          |                |
|--|--|---|---------------------|-----------------|--|---|--------------------------------|--------------------------|----------------|
| US   |  |   |                     |                 |  | 3. Date Incorporated or Qualified 11/12/1993  |                                | ite of Last R<br>15/1996 | leport         |
| 2. Principal Pr                              | ace of Business  | 2a. Mailing Address   | 2a. Mailing Address |                 |  | 4. FEI Number   | 1                              |                          | pplied For     |
| 21   |  | 26  | <del> </del> 1      |                 |  | 59-3212225  |                                | Nk                       | ot Applicable  |
| Suite, Apt                                   | ₩, etc.  | Suite, Apt. #, etc.   | Suite, Apt. #, etc. |                 |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Regulred |                          |                |
| City & State                                 |  | City & State  | City & State        |                 |  | 6. Election Campaign Financing \$5.00 May Be  |                                |                          |                |
| 23   |  | 28  | 28                  |                 |  | Trust Fund Contribution Added to Fees   |                                |                          |                |
| Zip  | Country  | Zip   | Co                  | untry           |  | 8. This corporation has liability for intangible tax under s. 199.032,                  |                                |                          |                |
| 24   | 25   | 29  | 30                  | .,              |  | Florida Statutes Yes No   |                                |                          |                |
|  | 9. Name and Address of Curi  | ent Registered Agent  |                     | -               |  | 10. Name and Address of New Re  | gistered /                     | Agent                    |                |
| BIERWEILER, RAYMOND H                        |  |   |                     | 81              | Name                                   | · ·   |                                |                          |                |
|  | 5 PALM TREE COURT  |   | 82 Street Addre     |                 |  | dress (P.O. Box Number is Not Acceptate   | le)                            | A                        |                |
| HUD  | SON FL 34669   |   |                     |                 |  |   | <del></del>                    |                          |                |
|  |  |   |                     | 83              |  |   |                                |                          |                |
|  |  |   |                     | 84              | City                                   |   | FL                             | .     `                  | Code           |
| 11. Pursuant t                               | to the provisions of Sections 607.0  | 502 and 607.1508, Florida Statu                                     | ites, the s         | above           | -named co                              | orporation submits this statement for the pration's board of directors. I hereby accept | urpose of                      | changing i               | ts registered  |
| office or n                                  | egistered agent, or both, in the Sta<br>or familiar with, and accept the ob              | ate of Florida. Such change was<br>ligations of Section 607.0505, F | londa Sta           | eo by<br>stutes | r the corpor<br>3.                     | ration's board of directors. Thereby accep  | л ине арр                      | ONITH HEIR STE           | , teftisraten  |
| SIGNATURE                                    | Xm 11 19 1   |   | KAY.                | no              | WD A                                   | Drumwallat<br>quired when reinstating)  | 2-1                            | 7-97                     | <u> </u>       |
| 12.  | OFFICERS /   | AND DIRECTORS   | 13.                 |                 | ······································ | ADDITIONS/CHANGES TO OFFIC  | ERS AND                        | DIRECTOR                 | RS IN 12       |
| TITLE  | D  | DELETE  | 1.11                | TITLE           |  |   |                                | Change                   | Addition       |
| NAME   | BIERWEILER, RAYMOND H  |   | 1.21                | NAME            |  |   |                                |                          |                |
| STREET ADDRESS                               | 12605 PALM TREE CT   |   | 1.35                | STREET          | ADORESS                                |   |                                |                          |                |
| CITY-ST-ZIP                                  | HUDSON FL 34689  |   | 1,4 (               | CITY-S          | T-21P                                  |   |                                |                          |                |
| TITLE  | D  | ☐ DELETE  | 2.11                | TITLE           |  |   |                                | ☐ Change                 | Addition       |
| NAME   | BIERWEILER, MERYLE A   |   | 2.21                | NAME            |  | ,   |                                |                          |                |
| STREET ADDRESS                               | 12605 PALM TREE CT   |   | 2.3 \$              | STAEET          | ADDRESS                                |   |                                |                          |                |
| CITY - ST - 7IP                              | HUDSON FL 34669  |   | 2. 4                | CITY-S          | ST - ZIP                               |   | ja r                           | <del></del>              |                |
| TITLE  | DELETE 3   |   | 3.1 7               | 3.1 TITLE       |  |   |                                | Change                   | Addition       |
| NAME   |  |   | 3.21                | NAME            |  |   |                                |                          |                |
| STREET ADDRESS                               |  |   | 3.3 \$              | STREET          | ADDRESS                                |   |                                |                          |                |
| C:TY+ST+ZIP                                  |  |   |                     | CITY-S          | ST-ZIP                                 |   |                                |                          |                |
| TITLE  |  | ☐ DELETE  |                     | TIFLE           |  |   |                                | Change                   | Addition       |
| NAME :                                       |  |   | 4.2                 | NAME            |  |   |                                |                          |                |
| STREET ADDRESS                               |  |   | 1                   |                 | ADDRESS                                |   |                                |                          |                |
| CITY-ST-ZIP                                  |  | Documen   |                     | CITY-S          | iT-ZIP                                 |   |                                | Change                   | I Addition     |
| TITLE  |  | L_I DELETE  |                     | TITLE           |  |   |                                | L Change                 | Addition       |
| NAME   |  |   |                     | NAME            |  |   |                                |                          |                |
| STREET ADDRESS                               |  |   | 1                   |                 | ADDRESS                                |   |                                |                          |                |
| CITY-ST-ZIP                                  |  | □ nei rite  |                     | CITY - S        | ST-ZIP                                 |   |                                | Change                   | Addition       |
| TITLE  |  | ☐ DELETE  |                     | TITLE           |  |   |                                | Cuanta                   | Per Mandall    |
| NAME   |  |   |                     | NAME            | . ADDDCAA                              |   |                                |                          |                |
| STREET ADDRESS                               |  |   |                     |                 | ADDRESS                                |   |                                |                          |                |
| CITY-ST-ZIP                                  | ov portify that the information gues   | slied with this filing does not our                                 |                     | CITY-S          |  | ited in Section 119.07(3)(i), Florida Statute   | s I furtho                     | r certify the            | t the          |
| l informatio                                 | w indicated on this annual report a  | ar cumplemental annual report is                                    | true and            | 2001            | irate and ti                           | hat my signature shall have the same legs   | al effect es                   | e itamade ur             | nder oath that |
| appears i                                    | flicer or director of th <del>e corp</del> cration<br>in Block 12 or Block 13 if changed | i, or on an attachment with an ac                                   | ddress.             | exec            | oue unis rej                           | port as required by Chapter 607, Florida 9  | naiui <b>us</b> , 8            | ina mat my               | Hallic         |