

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000009244 (2)**

1. Corporation Name

DONALD C. LOEFFLER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

**6831 ST. EDMUNDS LOOP
FORT MYERS FL 33922
US**

**6831 ST. EDMUNDS LOOP
FORT MYERS FL 33912-1552
US**

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
04/16/1996

2. Principal Place of Business
21 **15129 Cloverdale Dr**
Suite, Apt. #, etc.

2a. Mailing Address
26 **15129 Cloverdale Dr**
Suite, Apt. #, etc.

22 City & State
23 **Fort Myers FL**

27 City & State
28 **Fort Myers FL**

24 **33919** 25 **US**

29 **33919** 30 **US**

4. FEI Number
65-0465256

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

9. Name and Address of Current Registered Agent
**DONALD C LOEFFLER
6831 ST. EDMUNDS LOOP
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name **Donald C Loeffler**
82 Street Address (P.O. Box Number is Not Acceptable)
15129 Cloverdale Dr.
83
84 City **Fort Myers** FL 85 Zip Code **33919**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEFFLER, DONALD C	
STREET ADDRESS	6831 ST EDMUNDS LOOP	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DEBRA A WITERS	
STREET ADDRESS	6831 ST. EDMONDS LOOP	
CITY - ST - ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	15129 Cloverdale Dr
1.4 CITY - ST - ZIP	Fort Myers FL 33919
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	15129 Cloverdale Dr.
2.4 CITY - ST - ZIP	Fort Myers FL 33919
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Donald C Loeffler** President **4-9-97 941-437-9855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)