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 # **P94000010311 (6)**

1. Corporation Name

T.E. FISCHER & ASSOCIATES, INC.

Principal Place of Business
4240 ELLIS RD.
FT. MYERS FL 33905

Mailing Address
4240 ELLIS RD.
FT. MYERS FL 33905

3. Date Incorporated Or Qualified: **02/01/1994**

3a. Date of Last Report: **04/03/1995**

4. FEI Number: **65-0463917** — 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

8. The corporation has elected for subchapter S tax under s. 1900.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FISCHER, THOMAS E
4240 ELLIS RD.
FT. MYERS FL 33905

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 607.0505 and 607.0506, 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. The corporation further certifies that it is currently qualified to transact business in Florida. The undersigned accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DIR [ ] OFF
NAME	FISCHER, THOMAS E	
STREET ADDRESS	4240 ELLIS RD.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	[ ] DIR [ ] OFF
NAME	FISCHER, CHERYL ~~E~~ L	
STREET ADDRESS	4240 ELLIS RD.	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DIR [ ] OFF
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☒ Change ☐ Addition
6. NAME	FISCHER, CHERYL L	
7. STREET ADDRESS		
8. CITY-ST-ZIP		
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		
21. TITLE		☐ Change ☐ Addition
22. NAME		
23. STREET ADDRESS		
24. CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this report is true and complete to the best of my knowledge and belief. I further certify that the information indicated on this report or supplemental information to this report, if applicable, 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 above, or on attached supplemental sheet, if any.

SIGNATURE: Cheryl Fischer — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 — Date

941 694 4626 — Daytime Phone Number