

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

95 APR -7 AM 5:08

DOCUMENT # P94000020544 (0)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPE CORAL HOME SERVICE SYSTEM, INC.

Principal Place of Business: 139 SW 53RD TERRACE
CAPE CORAL FL 33914
Mailing Address: 139 SW 53RD TERRACE
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporation Qualified: 03/14/1994
3a. Date of Last Report

4. FEI Number: 65-0478305
Approved For: Not Applicable

5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. State, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25
29. Country: 30

9. Name and Address of Current Registered Agent

GUDRUN M. NICKEL P.A.
350 FIFTH AVENUE
SUITE 200
NAPLES FL 33940

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 607.0562 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 of Registered Agent, if Registered Agent is not the corporation)

(Signature of Registered Agent, if Registered Agent is not the corporation)

(Signature of Registered Agent, if Registered Agent is not the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	VSD EITTENBERGER, MONIKA	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS	139 SW 53RD TERRACE	2. STREET ADDRESS	
3. CITY & STATE	CAPE CORAL FL 33914	3. CITY & STATE	
4. NAME	PTD EITTENBERGER, DIETER	4. NAME	☐ Change ☐ Addition
5. STREET ADDRESS	139 SW 53RD TERRACE	5. STREET ADDRESS	
6. CITY & STATE	CAPE CORAL FL 33914	6. CITY & STATE	
7. NAME		7. NAME	☐ Change ☐ Addition
8. STREET ADDRESS		8. STREET ADDRESS	
9. CITY & STATE		9. CITY & STATE	
10. NAME		10. NAME	☐ Change ☐ Addition
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY & STATE		12. CITY & STATE	
13. NAME		13. NAME	☐ Change ☐ Addition
14. STREET ADDRESS		14. STREET ADDRESS	
15. CITY & STATE		15. CITY & STATE	
16. NAME		16. NAME	☐ Change ☐ Addition
17. STREET ADDRESS		17. STREET ADDRESS	
18. CITY & STATE		18. CITY & STATE	
19. NAME		19. NAME	☐ Change ☐ Addition
20. STREET ADDRESS		20. STREET ADDRESS	
21. CITY & STATE		21. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stipulated in Sections 339.021 thru 339.024, Florida Statutes. I further certify that this information was filed on this annual report or supplemental annual report on time and in compliance with the provisions of the Florida Statutes 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 registered agent or authorized representative of the corporation or the registered agent, as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on any attached statement with an address.

SIGNATURE:

(Signature of Officer or Director)

MONIKA EITTENBERGER - Vice President

4-4-95 (P13) 540 0617