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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400061174 (6)

LOPEZ & WERNICKE, INC.

Principal	Place	of	Busine	SS

5145 DREW STREET BROOKSVILLE FL 34602 Mailing Address

5145 DREW STREET BROOKSVILLE FL 34609-8213

FILED May 02 1997 8:00am Secretary of State



			3. Date Incorporated or Qualified 08/19/1994								
2. Principal Place of Business		i	2a. Mailing Address		4. fEl Number		1	Applied For			
21 15250 BLAIR AVE 26 1		²⁶ _15250_BL	15250 BLAIR AVE Suite, Apt. #, etc.		59-3265347			Not Applicable			
Sulfe, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required			
City & State City & State			City & State			6. Election Campaign Financing		\$5.00	0 May Be		
23 BROOKSVILLE FL		28 BROOKSVII	28 BROOKSVILLE FL		Trust Fund Contribution			d to Fees			
Zip 24 3∠	1609	Country 25 HEDNANDO	^{7ip} 29 34609	30 UT	ntry RNANDO		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Yes				
	g, Name	and Address of Curre	ent Registered Agent		KNANDO	10. Name and Address of New R	egistered A	gent			
WER	RNICKE, JA	MES			81 Name						
SHE DREW STREET 15250 BLAIR AVE 82 Stree				82 Street A	Address (P.O. Box Number is Not Acceptable)						
BROOKSVILLE FL 34603 34609											
				83							
				84 City FI 85 Zip Code							
Oπice of r	egisterea ac	gent, or both, in the Stat	502 and 607.1508, Florida Statu te of Florida. Such charige was gations of, Section 607.0505, Fl	authorized	by the corp	corporation submits this statement for the oration's board of directors. I hereby accoration's		hanging intment a	Its registered is registered		
SIGNATURE	Signature, typed	for printed name of registered a	gent and like if applicable (NO	'E-Registered	Agent signature r	required when reinstating)	DATE				
12.		OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF		DIRECTO	IRS IN 12		
TITLE	ST		☐ DELETE	1110	LF		Ľ	Change	Addition		
NAME		A, JOHNNY		1.2 NAI	ME						
STREET ADDRESS		ew street		1.3 \$18	REET ADDRESS						
CITY-ST-ZIP		VILLE FL 34609		1.4 Crī	Y-ST-ZIP				- 18		
TITLE	P		L DELETE	2.1 7(1)	LE		I	Change	Addition 9		
NAME	LOPEZ, J			2.2 NA!	ME						
STREET ADDRESS	27095 R0			2.3 STF	REET ADDRESS						
CITY-ST-ZIP	BROOKS	VILLE FL 34602	D OLETE		IY-\$1-ZIP	,					
TITLE	V CEDCON	WENDED IOUN	L DELETE	3.1 7:11	-		Ĺ	Change			
NAME	5145 DRI	WENDER, JOHN		3.2 NA	į.						
STREET ADORESS		VILLE FL 34609			REET ADDRESS						
CITY-ST-ZIP TITLE	D	TILLL I L STOUP	DELETE	3.4. CH 4.1 Tills	Y-S1-ZIP			Change	Addition		
NAME	_	KE, NANNIE P	La vecest	4.1 III			h		☐ Addition		
STREET ADDRESS	5145 DRI				HEET ADDRESS						
CITY-ST-ZIP		VILLE FL 34609			Y-ST-ZIP				1		
TITLE	<u> </u>		DELETE	51 111				Change	Addition		
NAME				5.2 NA	1		_				
STREET ADDRESS					REET ADDRESS						
CITY-ST-ZIP					Y-S1-ZIP						
TITLE	****		☐ DELEŦE	6.1 1111				Change	☐ Addition		
NAME				6.2 NA	ME		_	•			
STREET ADDRESS				6.3 STH	REET ADDRESS						
CITY-ST-ZIP					Y • \$1 - ZIP						
Internation	n indicated (AN THIS SENIOLS FAMARI AV	CUmplemental appual report is t	truo ondi od	saurala and t	aled in Section 119.07(3)(i), Florida Statut that my signature shall have the same leg oport as required by Chapter 607, Florida					