

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000080232 (9)**

1. Corporation Name:

WENDLE SHEET METAL, INC.



Principal Place of Business:

**335 N BUENA VISTA DRIVE
LAKE ALFRED FL 33850**

Mailing Address:

**335 N BUENA VISTA DRIVE
LAKE ALFRED FL 33850**

2. Principal Place of Business:

2a. Mailing Address:

21. Suite, Apt. #, etc.:

22. City & State:

23. Zip: Country:

24. Country:

26. Suite, Apt. #, etc.:

27. City & State:

28. Zip: Country:

29. Country:

9. Name and Address of Current Registered Agent:

**WENDLE, RAYMOND E
335 N BUENA VISTA DRIVE
LAKE ALFRED FL 33850**

3. Date Incorporated or Qualified:
10/28/1994

3a. Date of Last Report:
03/20/1995

4. FEI Number:
59-3274174

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

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 607.0502 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 607.0106, Florida Statutes.

SIGNATURE:

Signature of Agent or person authorized to accept service for the corporation

Signature of Registered Agent (signature required when registering)

DATE:

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP
2. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP
3. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP
4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP
5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP
6. TITLE NAME STREET ADDRESS CITY-STATE-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP

VD
WENDLE, RAYMOND E
335 N BUENA VISTA DRIVE
LAKE ALFRED FL 33850
PD
WENDLE, RAYMOND E JR
107 SEVILLA STREET
AUBURNDALE FL 33823
STD
ROBERTS, DEBORAH K
2208 LAKE BLUE DR NW
WINTER HAVEN FL 33881

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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
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5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Deborah K Roberts* - Deborah K Roberts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96

(941) 956 2217
Date of Filing

CR2E034 (12/95)