

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

1 CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087786 (7)

1. Corporation Name

POLDI, INC.

Principal Place of Business

1303 HOMESTEAD RD. NORTH
LEHIGH ACRES FL 33936

Mailing Address

ROBERT ROYSTON, JR.
12670 NEW BRITTANY BLVD., SUITE 101
FT. MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1994

3a. Date of Last Report

4. FEI Number

65-0539255

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. 189.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21. Suite, Apt. #, etc

23. City & State

24. Zip

Country

2a. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. Zip

Country

9. Name and Address of Current Registered Agent

ROYSTON, ROBERT D JR.
12670 NEW BRITTANY BLVD.
SUITE 101
FT. MYERS FL 33907

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 607.0505, Florida Statutes.

SIGNATURE

Signature of Agent or Person in Charge of Registered Agent and Secretary of State

Signature of Registered Agent (Signature Required when Transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME MAEHLNHOFF, HEINZ-JUERGEN
STREET ADDRESS 1303 HOMESTEAD RD. NORTH
CITY ST ZIP LEHIGH ACRES FL 33936

TITLE D
NAME MAEHLNHOFF, WALTRAUD
STREET ADDRESS 1303 HOMESTEAD RD. NORTH
CITY ST ZIP LEHIGH ACRES FL 33936

TITLE D
NAME MAEHLNHOFF, JOERG DIETER
STREET ADDRESS 1303 HOMESTEAD RD. NORTH
CITY ST ZIP LEHIGH ACRES FL 33936

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2. TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3. TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4. TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5. TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6. TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

VP.
Willi Schwarzmeier
1303 Homestead Rd N
Lehigh Acres FL 33936

14. I do 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)(b), 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:

Willi Schwarzmeier -VP WILLIBALD SCHWARZMEIER

Date

8-1-95

813-369-8989