

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 # P95000004616 (5)

1. Corporation Name

TESCHE APARTMENT & HOUSE SERVICES, INC.



Principal Place of Business

Mailing Address

~~670 514 FIFTH AVE. SOUTH~~
~~NAPLES FL 33940~~

~~670 514 FIFTH AVE. SOUTH~~
~~NAPLES FL 33940~~

5420 CHIQUITA BLVD S.
CAPE CORAL, FL 33914

SAME

3. Date Incorporated or Qualified
01/17/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

Applied For

65-0573772

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUDRUN M. NICKEL, P.A.
350 FIFTH AVE. SOUTH
SUITE 200
NAPLES FL 33940

81 Name HEIDE BLAIR

82 Street Address (P.O. Box Number is Not Acceptable)
13650 BRYNWOOD LN SE

83

84 City FORT MYERS

FL

85 Zip Code 33912

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

Heide Blair

(NOTE: Registered Agent signature required when reinstating)

DATE

1-29-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD
NAME TESCHE, GUSTAV
STREET ADDRESS IM PFLANZER 22
CITY-ST-ZIP 55296 GAU-BISCHOFSEIM, GER.

1.1 TITLE PSD
1.2 NAME TESCHE, GUSTAV
1.3 STREET ADDRESS IM PFLANZER 22
1.4 CITY-ST-ZIP 55296 GAU-BISCHOFSEIM, GER.

TITLE VTD
NAME TESCHE, GABRIELE
STREET ADDRESS IM PFLANZER 22
CITY-ST-ZIP 55296 GAU-BISCHOFSEIM, GER.

2.1 TITLE VTD
2.2 NAME TESCHE, GABRIELE
2.3 STREET ADDRESS IM PFLANZER 22
2.4 CITY-ST-ZIP 55296 GAU-BISCHOFSEIM, GER.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(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:

Gustav Tesche

1/29/1996

941-470-0700

CR2E034 (12/95)