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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT STATE
Sandra B. Mort
Secretary of St
DIVISION OF CORPORATIONS

DOCUMENT # **P95000046900 (3)**

1. Corporation Name
VOGLER ENTERPRISES INC.

Principal Place of Business	Mailing Address
6900 PHILLIPS HWY. STE. 21 JACKSONVILLE FL 32216 US	108 TURTLE COVE COURT S. PONTE VEDRA BEACH FL 32082

2. Principal Place of Business	2a. Mailing Address
21 11747 Phillips Hwy.	26
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27
City & State 23 Jacksonville FL	City & State 28
Zip / Country 24 32256 / 25 DUVAL	Zip / Country 29 / 30

3. Date Incorporated or Qualified 06/13/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3318070	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VOGLER, MATTHEW J 108 TURTLE COVE COURT S. PONTE VEDRA BEACH FL 32082	61 Name 62 Street Address (P.O. Box Number is Not Acceptable) 63 64 City **FL** 65 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 _____ DATE _____
Signature, Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VOGLER, MATTHEW J	1.2 NAME	
STREET ADDRESS	108 TURTLE COVE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	S PONTE VEDRA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VOGLER, DAWN C	2.2 NAME	
STREET ADDRESS	108 TURTLE COVE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	S PONTE VEDRA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dawn C. Vogler 4/30/97 (404)260-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016002