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 # P9600002159 (7)

Country

25

OEHRING, DENNIS J 1302 SOUTHGLEN LANE

LAKELAND FL 33813

OEHRING ENTERPRISES, INC.

Principal	Pla¢e	of	Business
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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

Mailing Address

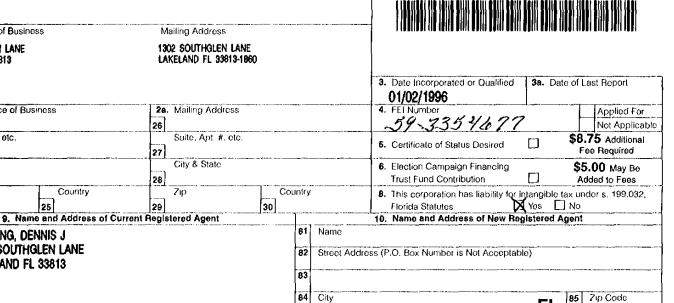
29

1302 SOUTHGLEN LANE LAKELAND FL 33813

1302 SOUTHGLEN LANE

FILED Apr 02 1997 8:00am Secretary of State

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, typed or prenied have of registered agent and like if applicable. (NOTE Registered Agent signature required when reinstalling). DATE									
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	D	ELETE .	1.1 TILLE		Change	Addition			
NAME	OEHRING, DENNIS J		1.2 NAME						
STREET ADDRESS	1302 SOUTHGLEN LANE		1.3 STREET ADDRESS						
CITY-ST-ZIP	LAKELAND FL 33813		1.4 C(TY - ST - Z)P						
TITLE	□ D	ELFTE	2.1 TITLE		Change	Addition			
NAME			2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP			2 4 CITY-ST-ZIP						
TITLE	□ D	ELETE	3.1 HILE		Change	Addition			
NAME			3.2 NAME			1			
STREET ADDRESS			3.3 STREET ADDRESS		•	}			
CITY-ST-ZIP			3.4. CITY - ST - ZIP						
TITLE	□ D	ELETE	4.1 TITLE		Change Change	Addition			
NAME			4. 2 NAM[}			
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE	□ D	ELETE	5 1 TITLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - \$T - ZIP						
TITLE	D	ELETE	6.1 TITLE		☐ Change	Addition			
NAME			62 NAME						
STREET ADDRESS			6.3 STREET ADDRESS	•					
CITY-ST-ZIP	•		6.4 City - S1 - ZiP						

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the To melocy define the mornishment supplied which his hing does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. Truther certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same logal 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.