FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # **P96000010360 (1)** THOMAS R. FRANZ, INC.

Principal Place of Business

Mailing Address

9798 WOODSWILL DRIVE

2728 WOODSMILL DRIVE

FILED May 08 1997 8:00am Secretary of State



MELBOURNE F	L 32934	MELBOURNE FL 32834	MELBOURNE FL 32834-8233						
						3. Date Incorporated or Qualified 01/29/1996	3a. Da	ate of Last Report	
	lace of Business	2a. Mailing Address				4. FEI Number	TA A	Applied For	
21		26	<u> </u>			59-3366906			Vot Applicable
Suite, Apt. 22]	#, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	e e	City & State	,			6. Election Campaign Financing			May Be
23] Z-p	Country	28 Zip	7-6	Countr		Trust Fund Contribution 8. This corporation has liability for			to Fees
24	25	29	30		•			No No	5. 199,032,
		s of Current Registered Agent		<u> </u>		10. Name and Address of New Re			
PETI	ersen, robin m eso.			81	Name				
1601 AIRPORT BLVD., SUITE 1					PO Chart Address (D.O. Bay M. mhari's Not Assessable)				
MELBOURNE FL 32901				102	82 Street Address (P.O. Box Number is Not Acceptable)				
				83	1				
				84	- Cit.	,		1051 75	
				104	City		FL	65 Zip	Code
11. Pursuant	to the provisions of Section	ns 607.0502 and 607.1508, Florida Sta	atutes, the	abov	e-named co	orporation submits this statement for the p	ourpose of	changing	its registered
office or r agent. La	registered agent, or both, i am familiar with, and accer	in the State of Florida. Such change w of the obligations of, Section 607.0505	as author , Florida S	ized b Statute	y the corpo s.:	propriation submits this statement for the pration's board of directors. I hereby acce	pt the app	ointment a	s registered
SIGNATURE	,		,						
OKINYI CITE	Significate, typical or printed name of	f registered agent and title if applicable. (NOTE: Regis	gA paret	ent signature rec	quired when reinstating)	DATE		
12.		ICERS AND DIRECTORS	1	3.		ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECTO	RS IN 12
THILE	D	☐ DELETE	1.	1 TITLE	[Change	Addition
NAME	FRANZ, THOMAS R		1.	2 NAME	- 1				
STHEET ADDRESS	2728 WOODSMILL DI		1.	3 STREE	ADDRESS				
CHY-S1-ZIP	MELBOURNE FL 329X		1.	4 CITY-	ST-ZIP				
THIE	D	DELETE	2.	1 TITLE				L Change	Addition
NAME	ST. PIERRE, LARRY		2.	2 NAME	1				
STREET ADORESS	1810 SANDAL DRIVE		2.	3 STREE	ADDRESS				
CITY-ST-7P	MELBOURNE FL 328	······································	2	4 CITY -	ST-ZIP	·			
Tille	D	DELETE	3.	1 TITLE				Change	Addition
NAM:	LOVE, SPENCER	•	3.	2 NAME					
STHEET ADDRESS	2880 COLLEGEVIEW		3	3 STAEE	ADDRESS				
CITY-ST-ZIF	MELBOURNE FL 329		. 3.	4. CITY-	ST-ZIP				
HILE		☐ DELETE	4.	1 TITLE]			Change	Addition
NAME			4.	2 NAME	ļ				
STREET ADDRESS			4.	3 STREE	ADDRESS				
City - St - ZIP				4 CITY-	ST-ZIP				
THUE	}	☐ DELETE	- 8	1 TITLE)			Change	Addition
NAME			•	2 NAME					
STREET ADDRESS			5.	3 STREET	ADDRESS				
CHTY - \$1 - 7th		lan tur		4 CITY - S	ST-ZIP	·		T16:	
TITLE	}	☐ DELETE		1 TITLE	}			Change	Addition
NAME				2 NAME	}				
STREET ADERESS			6.	3 STREE	ADDRESS				
CITY-ST-ZIP	ļ <u></u>		6.	4 DITY-	ST-ZIP				
14. 1 do herel informatic	by certify that the informati on indicated on this annual	ion sympled with this filing does not di I recort obsupplemental adjual report	ualify for t is true an	ne exe	mption stat urate and th	ted in Section 119.07(3)(i), Florida Statute nat my signature shall have the same lega port as required by Chapter 607, Florida S	es. I further al eff ect as	certify tha if made u	it the inder path: the
Lam an o	flicer or director of the con	polation of the receiver of trustee em	powered t	o exe	ute this rep	port as required by Chapter 607, Florida S	Statutes, ar	nd that my	name
appears i	in Block 12 or Block 13/10	changed, or on an attachment with an	address.		•				6585