

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

FILED  
Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000019963 (3)**

1. Corporation Name

**O.M. VOIGTMANN, INC.**

Principal Place of Business

**37815 HIGHWAY 54 W  
ZEPHYRHILLS FL 33541**

Mailing Address

**37815 HIGHWAY 54 W  
ZEPHYRHILLS FL 33541-5427**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/04/1996</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>59-3369372</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**VOIGTMANN, MAYNARD E  
5227 TRAPNELL RD  
DOVER FL 33527**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**37815 SR 54**

83

84 City **Zephyrhills**

**FL**

85 Zip Code **33541-5427**

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 printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOIGTMANN, MAYNARD E</b>	1.2 NAME	
STREET ADDRESS	<b>5227 TRAPNELL RD</b>	1.3 STREET ADDRESS	<b>7314 Applegate Dr</b>
CITY-ST-ZIP	<b>DOVER FL 33527</b>	1.4 CITY-ST-ZIP	<b>Zephyrhills, FL 33540</b>
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOIGTMANN, ORIS L</b>	2.2 NAME	
STREET ADDRESS	<b>5227 TRAPNELL RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOVER FL 33527</b>	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOIGTMANN, ELIZABETH R</b>	3.2 NAME	
STREET ADDRESS	<b>5227 TRAPNELL RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOVER FL 33527</b>	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VOIGTMANN, SHARON</b>	4.2 NAME	<b>7314 Applegate Dr</b>
STREET ADDRESS	<b>5227 TRAPNELL RD</b>	4.3 STREET ADDRESS	<b>Zephyrhills, FL 33540</b>
CITY-ST-ZIP	<b>DOVER FL 33527</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

8/3

CR2E034 (9/96)