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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000068987 (2)

HOELTKE PLANNING & CONSTRUCTION, INC.

Principal Place of Business

Mailing Address /

FILED Jan 22 1998 8:00am Secretary of State



2136 SOUTHEAST 20TH PLACE 2136 SOUTHEAST 20TH PLACE CAPE CORAL FL 33990 CAPE CORAL FL 33990 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0689068 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 29 30 ☐ Yes 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LANE, PAUL CAMP 5401 S. KIRKMAN RD. Street Address (P.O. Box Number Is Not Acceptable) SUITE 500 83 ORLANDO FL 32819 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 printed name of registered agent and title # applicable (NOYE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE PTD DELETE 1.1 TITLE Change Addition NAME HOELTKE, GERHARD 1.2 NAME STREET ADDRESS 2136 SOUTHEAST 20TH PLACE 1.3 STREET ADDRESS CAPE CORAL FL 33990 CITY-ST-ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME HOELTKE, INES 2.2 NAME STREET ADDRESS 2136 SOUTHEAST 20TH PLACE 2.3 STREET ADDRESS CAPE CORAL FL 33990 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 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 DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I 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 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 attagrament with an address.

TOUR MEDINES HOELTKE 01/14/98