

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S59769** (7)

1. Corporation Name
ENGWILLER, INC.



Principal Place of Business

**5425 39 STREET, EAST
BRADENTON FL 34203
US**

Mailing Address

**6539 MAGELLAN COURT
SUITE 105
SARASOTA FL 34243
US**

3. Date Incorporated or Qualified
06/11/1991

3a. Date of Last Report
02/20/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

4. FEI Number

65-0269471

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

**ENGWILLER, JOHN D SR
6539 MAGELLAN CT. #105
SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

John D. Engwiller Sr
Signature typed or printed name of registered agent and title if applicable.

JOHN D. ENGWILLER SR
(NOTE: Registered Agent signature required when re-issuing)

3/12/96
DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **ENGWILLER, JOHN D., SR.**
STREET ADDRESS **6539 MAGELLAN COURT, #105**
CITY-ST-ZIP **SARASOTA FL**

TITLE **S** ☐ DELETE
NAME **ENGWILLER, BEVERLY**
STREET ADDRESS **6539 MAGELLAN COURT, #105**
CITY-ST-ZIP **SARASOTA FL**

TITLE **BM** ☐ DELETE
NAME **ENGWILLER, DAVID**
STREET ADDRESS **6539 MAGELLAN COURT, #105**
CITY-ST-ZIP **SARASOTA FL**

TITLE **BM** ☐ DELETE
NAME **HAMMETT, BRENDA LEE**
STREET ADDRESS **6529 MAGELLAN CT., #103**
CITY-ST-ZIP **SARASOTA FL**

TITLE **BM** ☐ DELETE
NAME **ENGWILLER, JOHN D JR**
STREET ADDRESS **541 SE 15TH ST**
CITY-ST-ZIP **POMPANO BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **JOHN D. ENGWILLER SR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Engwiller Sr

3/12/96
Date

941-755-4932
Daytime Phone #

CR2E034 (12/95)