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 # \$95547

(3)

ZEIGLEI	R & NAVARRO, INC.	Mailing Address			
2118 MEADOWBROOK DRIVE 2118 MEADOWBROOK DRI LUTZ FL 33549 LUTZ FL 33549-8457 US US			VE		
				3. Date Incorporated or Qualified 11/20/1991	3a. Date of Last Report 03/13/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuite Ant	A ata	Suite, Apt. #, etc.		65-0311985	Not Applicable
Suite, Apt. #, etc Suit 22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		Crty & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zιρ	Country	8. This corporation has liability for i	iptangible tax under s. 199.032,
24	25		30	Florida Statutes	Yes No
***************************************	9. Name and Address of Curren	r Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	GLER, WILLIAM P.				
2118 MEADOWBROOK DR. LUTZ FL 33549			82 Street Add	ress (P.O. Box Number is Not Acceptab	le)
LOI	2 FL 33348		83		
			84 City		FL 85 Zip Code
SIGNATURE	to the provisions of Sections 60,000 egistered agent, or both, in the State on familiar with, and accept the obligation of the state of the section of the s		uthorized by the corpora rida Statutes. Registered Agent signature requi	poration submits this statement for the p tion's board of directors. I hereby accep	or the appointment as registered
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	11 TITLE		Change Addition
NAME	ZEIGLER, WILLIAM P.		1.2 NAME		
STREET ADDRESS	2118 MEADOWBROOK DR.		1.3 STREET ADDRESS		
CITY - ST - ZIP	LUTZ FL		1.4 CITY - ST - ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		Change Addition
NAME	ZEIGLER, NANCY R.		2.2 NAME		
STREET ADDRESS	2118 MEADOWBROOK DR.		2.3 STREET ADDRESS		
CITY-SI-ZIP	LUTZ FL	T becree	2 4 CITY-ST-ZIP		Observation
TITLE	DV NAVARRO, JOE M.	☐ DELÉTE	31 TITLE		Change Addition
NAME STREET ADORESS	2118 MEADOWBROOK DR		3.2 NAME		
CITY-ST-ZIP	LUTZ FL		3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		İ
THLE	DT	DELETE	4.1 TITLE		Change Addition
NAME	NAVARRO, KATHY A.		4. 2 NAME		the triange that the triange
STREET ADDRESS	2118 MEADOWBROOK DR		4.3 STREET ADDRESS		i
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP		:
TITLE		☐ DELETE	5.1 TITILE	······································	Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		!
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	· ·	
STREET ADDRESS			6.3 STREET ADDRESS	* •	!
CITY-SL. DP			RACITY-ST-7IP		ŀ

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. SIGNATURE:

FILED

Mar 05 1997 8:00am

Secretary of State