

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

DOCUMENT # **V22860**

(3)

1. Filing Office Name

5904 E. SR64, INC.

RECEIVED
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Office Address		2a. Mailing Address	
717 12 ST. W. BRADENTON FL 34205		C/O KLOPFER, ROBERT V 137 IRON AVE BOX 423 DOVER OH 44622 US	
21. State of Incorporation	26. Mailing Address	4. FFI Number	3a. Date of Last Report
22. State of Principal Office	27. State of Mailing Address	34-1703509	03/23/1992
23. State of Principal Office	28. State of Mailing Address	5. Certificate of Status Desired	3b. Date of Last Report
24. State of Principal Office	29. State of Mailing Address	☐ \$8.75 Additional Fee Required	02/03/1994
25. State of Principal Office	30. State of Mailing Address	6. Election Campaign Financing	7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes
		☐ Trust Every Contribution	☐ Yes ☒ No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POPE, JOHN F. 717 12TH STREET WEST BRADENTON FL 34205		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	
		85. Zip Code	

11. Pursuant to the provisions of Sections 607.001 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 sections 607.001 and 607.1508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	DP KLOPFER, ROBERT V. 137 IRON AVE. DOVER OH	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	☐ Change ☐ Addition
CITY		3. NAME	☐ Change ☐ Addition
STATE		4. NAME	☐ Change ☐ Addition
ZIP CODE		5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
STREET ADDRESS		7. NAME	☐ Change ☐ Addition
CITY		8. NAME	☐ Change ☐ Addition
STATE		9. NAME	☐ Change ☐ Addition
ZIP CODE		10. NAME	☐ Change ☐ Addition
NAME		11. NAME	☐ Change ☐ Addition
STREET ADDRESS		12. NAME	☐ Change ☐ Addition
CITY		13. NAME	☐ Change ☐ Addition
STATE		14. NAME	☐ Change ☐ Addition
ZIP CODE		15. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is complete, accurate and correct, and that the information is true and correct. I am familiar with and accept the obligations of sections 607.001 and 607.1508, Florida Statutes. I am familiar with and accept the obligations of sections 607.001 and 607.1508, Florida Statutes. I am familiar with and accept the obligations of sections 607.001 and 607.1508, Florida Statutes. I am familiar with and accept the obligations of sections 607.001 and 607.1508, Florida Statutes.

SIGNATURE: *Robert V. Klopfer*
ROBERT V. KLOPFER
4/20/95 216-364-6651