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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V26725 (4)
1. Corporation Name
THE HOEFLE GROUP, INC.

Principal Place of Business

91 WINDSOR DRIVE
ENGLEWOOD FL 34223
US

Mailing Address

91 WINDSOR DRIVE
ENGLEWOOD FL 34223-4643
US

3. Date Incorporated or Qualified 04/06/1992	3a. Date of Last Report 03/14/1996
4. FEI Number 59-3135100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

HOEFLE, KENT C
91 WINDSOR DR.
ENGLEWOOD FL 34223

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

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	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFLE, KENT C	1.2 NAME	
STREET ADDRESS	411 N. MARIETTA PKY, A207-	1.3 STREET ADDRESS	13700 SUTTON PARK DR. N. 134
CITY- ST- ZIP	MARIETTA GA	1.4 CITY- ST- ZIP	JACKSONVILLE FL 32224
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFLE, SCOTT W	2.2 NAME	
STREET ADDRESS	91 WINDSOR DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	ENGLEWOOD FL	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFLE, DON W JR	3.2 NAME	
STREET ADDRESS	91 WINDSOR DR.	3.3 STREET ADDRESS	
CITY- ST- ZIP	ENGLEWOOD FL	3.4 CITY- ST- ZIP	
TITLE	S T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA R HOEFLE	4.2 NAME	
STREET ADDRESS	411 N. MARIETTA PKY, A207	4.3 STREET ADDRESS	13700 SUTTON PARK DR. N. 134
CITY- ST- ZIP	MARIETTA GA	4.4 CITY- ST- ZIP	JACKSONVILLE FL 32224
TITLE		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		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.

SIGNATURE: *Kent C Hoefle* KENT C HOEFLE 3/11/97 904-741-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)