

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # V31437 (9)
1. Corporation Name:
LOEHRER, INC.

95 MAY -1 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **441 N PINE MEADOW DRIVE DEBARY FL 32713**
Mailing Address: **441 N PINE MEADOW DRIVE DEBARY FL 32713**

DO NOT WRITE IN THIS SPACE

2. Filing of this report is required		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		04/23/1992		05/01/1994	
22		27		4. FEI Number		Applied Fee	
23		28		59-3220080		Not Applicable	
24		29		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
26		31		7. The corporation has liability for intangible tax under 15.195(1)(b) Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**FLOYD, BRUCE W
840 W NEW YORK AVE
SUITE C
DELAND, FL32720 FL**

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 607.0503 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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D LOEHRER, MARIAN C	12.2 STREET ADDRESS: 441 N PINE MEADOW DRIVE DEBARY FL	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: D LOEHRER, SUZAN	12.4 STREET ADDRESS: 441 N PINE MEADOW DRIVE DEBARY FL	13.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:	12.6 STREET ADDRESS:	13.3 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	12.10 STREET ADDRESS:	13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME:	12.14 STREET ADDRESS:	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 NAME:	12.16 STREET ADDRESS:	13.8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information reported on this report is true and correct, and that the corporation is in good standing with the State of Florida. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on the list of officers and directors of the corporation.

SIGNATURE: *[Signature]*
ORIGINAL AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 407668-0505