

FILE NOW: FILING FEE AFTER MAY 1 IS ~~1005.00~~ 165.00

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May 06 1997 8:00am  
Secretary of State

CORPORATION  
ANNUAL REPORT



165  
THE GOVERNMENT OF FLORIDA  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

2001 1997

1. Corporation Name LOEHRER, INC.	DOCUMENT # V31437 (9)
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Mailing Address 3006 ANNEZ WAY DeBary FL 32715	Principal Place of Business 441 N PINE MEADOW DRIVE DEBARY FL 32713
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DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business	3. Date Incorporated or Qualified 04/23/1992	3a. Date of Last Report 05/01/1993
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 593 92 0080	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Fee \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
23. Zip	28. Zip	7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FLOYD, BRUCE W  
840 W NEW YORK AVE  
SUITE C  
DELAND, FL 32720

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code  
FL

11. Pursuant to the provisions of Sections 607.1401, 607.1503 or Sections 617.0602 and 617.1403, 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 or 617.0503, Florida Statutes.

DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME D LOEHRER, MARIAN C	2. STREET ADDRESS 441 N PINE MEADOW DRIVE DEBARY FL
3. NAME D LOEHRER, SUZAN	4. STREET ADDRESS 3006 ANNEZ WAY DEBARY FL

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

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-05/14/97--01005--020  
\*\*\*165.00

*[Handwritten Signature]*  
4/5/97

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 release the State of Florida from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning the filing of this report as required by Chapter 217, Florida Statutes; 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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 1997  
1-407-668-7336