

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V46961** (1)

1. Corporation Name
ROBERT D. FITZER, INC.



Principal Place of Business

**JUICY LUCY'S
525 NO 15 STR
IMMOKEALEE FL 33904
US**

Mailing Address

**481 6TH AVE
LA BELLE FL 33935
US**

3. Date Incorporated or Qualified 06/30/1992	3a. Date of Last Report 01/19/1995
4. FEI Number 65-0353528	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**FITZER, ROBERT D.
481 6TH AVE
LA BELLE FL 33935**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of the person who is the registered agent of the corporation

Date of Signature of the person who is the registered agent of the corporation

Date

12. OFFICERS AND DIRECTORS	
1. TITLE	☐ DELETE
NAME	PT FITZER, ROBERT D.
STREET ADDRESS	481 6TH AVE LA BELLE FL
CITY, ST, ZIP	D
2. TITLE	☐ DELETE
NAME	FITZER, ROBERT D.
STREET ADDRESS	481 6TH AVE LA BELLE FL
CITY, ST, ZIP	S
3. TITLE	☐ DELETE
NAME	FITZER, ROBIN
STREET ADDRESS	481 6TH AVE LA BELLE FL
CITY, ST, ZIP	
4. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
5. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
6. TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

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 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:

Robert D. Fitzer **Robert D. Fitzer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-96 **941-657-1414**
Date Daytime Phone #

CR2E034 (12/95)