FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70245** **(8)**

1. Corporate Name:

WILLIAM R. STRACHAN, INC.

Principal Place of Business	Mailing Address
11595 KELLY ROAD 304 FORT MYERS FL 33908 US	11595 KELLY ROAD 304 FORT MYERS FL 33908 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/12/1992**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-3146495**	☐ 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	26
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27
City & State 23	City & State 28
Zip 24	Zip 29
County 25	County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STRACHAN WILLIAM R 293 CAROLINA AVE FT. MYERS BEACH FL 33931	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (If Changing Registered Agent, Registered Agent's Signature Required Below) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
31 Title	PST	11 Title	☐ Change ☐ Addition
32 Name	STRACHAN, WILLIAM R.	12 Name	
33 Street Address	11595 KELLY RD 304	13 Street Address	
34 City St Zip	FORT MYERS FL	14 City St Zip	
35 Title	D	21 Title	☐ Change ☐ Addition
36 Name	STRACHAN, WILLIAM R.	22 Name	
37 Street Address	11595 KELLY RD S304	23 Street Address	
38 City St Zip	FORT MYERS FL	24 City St Zip	
39 Title	D	31 Title	☐ Change ☐ Addition
40 Name	STRACHAN, SUE C	32 Name	
41 Street Address	293 CAROLINA AVE	33 Street Address	
42 City St Zip	FT MYERS BCH FL	34 City St Zip	
43 Title		41 Title	☐ Change ☐ Addition
44 Name		42 Name	
45 Street Address		43 Street Address	
46 City St Zip		44 City St Zip	
47 Title		51 Title	☐ Change ☐ Addition
48 Name		52 Name	
49 Street Address		53 Street Address	
50 City St Zip		54 City St Zip	
51 Title		61 Title	☐ Change ☐ Addition
52 Name		62 Name	
53 Street Address		63 Street Address	
54 City St Zip		64 City St Zip	

14. I (We) 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)(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 above/on an attachment with an address.

SIGNATURE: _____ 4-28-95 813-466-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0328141 CP