

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**

95 MAY -1 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V70405 (8)

1. Corporation Name

BUELOW INVESTMENT SERVICES, INC.

Principal Place of Business

**4379 TAMiami TRAIL
CHARLOTTE HARBOR FL 33980**

Mailing Address

**4369 TAMiami TRAIL
SUITE 250
CHARLOTTE HARBOR FL 33980
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1992

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0361870

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 franchise tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23

City & State

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

**BUELOW, DALE
4379 TAMiami TRAIL
CHARLOTTE HARBOR FL 33980**

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 of person or persons named as registered agent and the person above

(NOTE: Registered Agent signature required when submitting this form)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE **STD**
NAME **HEERE, HARLIN C.**
STREET ADDRESS **4369 TAMiami TRAIL**
CITY, ST, ZIP **CHARLOTTE HARBOR FL**

2. TITLE **VD**
NAME **FERO, REBEKAH**
STREET ADDRESS **4369 TAMiami TRAIL**
CITY, ST, ZIP **CHARLOTTE HARBOR FL**

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE **TD** ☒ Change ☐ Addition
NAME **EDLER, TERRI A.**
STREET ADDRESS **4369 TAMiami TRAIL**
CITY, ST, ZIP **CHARLOTTE HARBOR, FL 33980**

2. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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)(b), 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. I am an officer or director of this 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:

Dale Buelow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

813-625 6574