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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 8:25

DOCUMENT # **G12837** **(2)**

1. Corporation Name
SCHMIDT BROTHERS EXECUTIVE HOMES, INC.

Principal Place of Business	Mailing Address
% DARLENE J. SCHMIDT 1009 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	% DARLENE J. SCHMIDT 1009 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/10/1982**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2251614** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHMIDT, DARLENE J.
1009 SYMPHONY ISLES BLVD.
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, ANDREW H	12 NAME	
STREET ADDRESS	1009 SYMPHONY ISLES BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	14 CITY ST ZIP	
TITLE	DS	21 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, LORETTA J	22 NAME	
STREET ADDRESS	4711 STONE HOLLOW CT	23 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	24 CITY ST ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, RANDALL D	32 NAME	
STREET ADDRESS	4711 STONE HOLLOW CT	33 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL	34 CITY ST ZIP	
TITLE	DT	41 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, DARLENE J	42 NAME	
STREET ADDRESS	1009 SYMPHONY ISLES BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	APOLLO BEACH FL	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 if changed, or on an attachment with an address.

SIGNATURE: A. Schmidt President 1/10/95 (813)495-0048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0288647 CP