

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$375**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**  
 95 AUG -8 AM 4: 14

**DOCUMENT # P93000076193 (0)**

1. Corporation Name  
**SCHMIDT'S INC.**

Principal Place of Business Mailing Address  
**4501 ROXBURY CT 4501 ROXBURY CT**  
**BOYNTON BEACH FL 33462 BOYNTON BEACH FL 33462**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/29/1993** 3a. Date of Last Report **03/18/1994**

2. Principal Place of Business 2a. Mailing Address  
 21 **1004 Copley CT** 26 **1004 Copley CT**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Lantana, FL** 27  
 City & State City & State  
 23 **Lantana, FL** 28  
 City & State City & State  
 24 **33462-7315** 25 **Palm Beach** 29 **33462-7315** 30 **Palm Beach**  
 Zip Country Zip Country

4. FEI Number **65-0449351** 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 a 199 (3)? Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ROBY, WILLIAM L**  
**555 COLORADO AVE**  
**STUART FL 34994**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPT</b>	1.1 TITLE	<b>DPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, RODNEY</b>	1.2 NAME	<b>Schmidt, Rodney</b>
STREET ADDRESS	<b>4501 ROXBURY CT</b>	1.3 STREET ADDRESS	<b>1004 Copley CT</b>
CITY - ST - ZIP	<b>BOYNTON BEACH FL</b>	1.4 CITY - ST - ZIP	<b>Lantana, FL 33462-7315</b>
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, VIRGIL J</b>	2.2 NAME	
STREET ADDRESS	<b>5335 SE MILES GRANT RD #H-206</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBY, WILLIAM L</b>	3.2 NAME	
STREET ADDRESS	<b>3522 SE COURT DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>STUART FL</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William L. Roby, Secretary **8/3/95** **407-287-2600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR2E034 (3/95)