

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

CORPORATION ANNUAL REPORT 1995			FLORIDA DEPARTMENT OF STATE Barbara B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S07951 (4)				
1. Corporation Name SCHULTZ/ANGELO GROUP, INC.				

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 9:12

Principal Place of Business 118 WEST ADAMS ST. SUITE 3A JACKSONVILLE FL 32202	Mailing Address 118 WEST ADAMS ST. SUITE 3A JACKSONVILLE FL 32202
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/23/1990	3a. Date of Last Report 01/27/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3034250	Applied For ☐ Not Applicable ☐
City & State 23	City & State 28	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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 HIEB, E. ALLEN, JR. 1300 GULF LIFE DR. SUITE 800 JACKSONVILLE FL 32207		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City FL 85 Zip Code	
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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 Registered Agent required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME SCHULTZ, JOHN R.	1.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 118 W. ADAMS ST., STE 3A		1.2 NAME	
CITY - ST - ZIP JACKSONVILLE FL		1.3 STREET ADDRESS	
		1.4 CITY - ST - ZIP	
TITLE D	NAME ANGELO, MARC C.	2.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS 118 W. ADAMS ST., STE 3A		2.2 NAME	
CITY - ST - ZIP JACKSONVILLE FL		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE ☐ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE ☐ Change ☐ 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 the above voluntary 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 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 the corporation or the corporation's board of directors or trustee or shareholder. This report is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: _____
3/27/95 331-2787
0013808 CP