

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 APR -7 AM 5:49

DOCUMENT # J20218 (0)

1. Corporation Name

MARK LODINGER FINANCIAL PLANNING CORPORATION, IN
C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10 MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD. #100
JACKSONVILLE FL 32216

10 MICHAEL N. SCHNEIDER
4215 SOUTHPOINT BLVD. #100
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 8789 San Jose Blvd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite #201

27

City & State

City & State

23 Jacksonville, FL

28

Country

Zip

24 32217

25

29

Country

30

3. Date Incorporated or Qualified

3a. Date of Last Report

06/19/1986

04/18/1994

4. FEI Number

59-2686854

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N.
4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216

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 typed or printed name of registered agent and other applicable

Signature typed or printed name of registered agent and other applicable

(AT)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY ST ZIP
PSD	LODINGER, MARK	8829 SAN JOSE BLVD #1	JACKSONVILLE FL
	LODINGER, MARK	8829 SAN JOSE BLVD., #1	JACKSONVILLE FL

14 TITLE	15 NAME	16 STREET ADDRESS	17 CITY ST ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (073006), 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 owner 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 as requested, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Mark Lodinger

3/24/95

(904) 137-9160