

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED May 13 1998 8:00am Secretary of State

DOCUMENT # J 49795

Schmidt Const., Inc.

Principal Place of Business 5224 Kenilworth Dr. Ft. Myers, Fl. 33919 Mailing Address 5224 Kenilworth Dr. Ft. Myers, Fl. 33919

Principal Place of Business Suite, Apt. #, etc City & State Zip County Mailing Address Suite, Apt. #, etc City & State Zip Country

9. Name and Address of Current Registered Agent Schmidt, Donald M. 5224 Kenilworth Dr. Ft. Myers, Fl. 33919

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/01/87 4. FEI Number 59-2754595 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Applied to Fees 8. This corporation (was or has) paid the current year Intangible Personal Property Tax due June 30 Yes No

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 filed applicable (607) Registered Agent signature required when certifying (6-1)

12. OFFICERS AND DIRECTORS PTD Schmidt, Donald M. 5224 Kenilworth Dr. Ft. Myers, Fl. 33919 SVD Schmidt, Perri L. 5224 Kenilworth Dr. Ft. Myers, Fl. 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 NAME 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP 15 NAME 16 STREET ADDRESS 17 CITY- ST- ZIP 18 NAME 19 STREET ADDRESS 20 CITY- ST- ZIP 21 NAME 22 STREET ADDRESS 23 CITY- ST- ZIP 24 NAME 25 STREET ADDRESS 26 CITY- ST- ZIP 27 NAME 28 STREET ADDRESS 29 CITY- ST- ZIP 30 NAME 31 STREET ADDRESS 32 CITY- ST- ZIP 33 NAME 34 STREET ADDRESS 35 CITY- ST- ZIP 36 NAME 37 STREET ADDRESS 38 CITY- ST- ZIP 39 NAME 40 STREET ADDRESS 41 CITY- ST- ZIP 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP 45 NAME 46 STREET ADDRESS 47 CITY- ST- ZIP 48 NAME 49 STREET ADDRESS 50 CITY- ST- ZIP 51 NAME 52 STREET ADDRESS 53 CITY- ST- ZIP 54 NAME 55 STREET ADDRESS 56 CITY- ST- ZIP 57 NAME 58 STREET ADDRESS 59 CITY- ST- ZIP 60 NAME 61 STREET ADDRESS 62 CITY- ST- ZIP 63 NAME 64 STREET ADDRESS 65 CITY- ST- ZIP

800002524648 -05/15/98-01008-010 ***150.00

14. I hereby certify that the information supplied with this filing does not comply for the exemption stated in the book 119 DZC 900, Florida Statutes. I hereby certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made in the presence of the 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 on Block 12 or Block 13 attached or on an attachment with an address.

SIGNATURE: Donald M. Schmidt Donald M. Schmidt 4-28-98 (941) 278-4802

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