

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S32731

**FILED**  
**Apr 18, 2019**  
**Secretary of State**  
**6972171322CC**

**Entity Name:** SCHOFIELD CORPORATION OF ORLANDO

**Current Principal Place of Business:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054

**Current Mailing Address:**

18500 NORTH ALLIED WAY  
PHOENIX, AZ 85054 US

**FEI Number:** 59-3047860

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VICE PRESIDENT/ASSISTANT SECRETARY  
Name KORT, MYNDI M.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name BENTER, TIM M.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name AMICK, JAMEY  
Address 323 MARBLE MILL ROAD  
City-State-Zip: MARIETTA GA 30060

Title VP  
Name STUART, TIMOTHY E.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP  
Name SCHULER, EILEEN B.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title PRESIDENT  
Name BOYER, ROBERT B.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title DIRECTOR  
Name GOEBEL, BRIAN A.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title TREASURER  
Name BOYD, CALVIN R.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EILEEN B. SCHULER

**SECRETARY**

**04/18/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name SCHULER, EILEEN B.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VICE PRESIDENT/ASSISTANT SECRETARY  
Name NICKERSON, JOHN  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VICE PRESIDENT/ASSISTANT SECRETARY  
Name WILHOIT, ADRIENNE W.  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VP, TAX  
Name FOCAZIO, LAWRENCE  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054

Title VICE PRESIDENT/ASSISTANT SECRETARY  
Name ULREICH-POWER, THOMAS  
Address 18500 NORTH ALLIED WAY  
City-State-Zip: PHOENIX AZ 85054