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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 151246 (6)

1. Corporation Name

SCHMIDT ENTERPRISES OF THE SOUTHEAST, INC.

Principal Place of Business

4114 HERSCHEL ST #113
JACKSONVILLE FL 32210

Mailing Address

4114 HERSCHEL ST #113
JACKSONVILLE FL 32210-2200

3. Date Incorporated or Qualified

06/03/1947

3a. Date of Last Report

03/11/1996

2. Principal Place of Business

21 Suite Apt #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite Apt #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-0572999

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

SCHMIDT, GERT H W
4232 ORTEGA FOREST DR
JACKSONVILLE FL 32210

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
S	HODGES, MARY J	4603 BIRKENHEAD RD	JACKSONVILLE, FL 00000	☐
PD	SCHMIDT, GERT H W	4232 ORTEGA FOREST DR	JACKSONVILLE, FL 00000	☐
TD	SCHMIDT, ROBERT T	4232 ORTEGA FOREST DR	JACKSONVILLE, FL 00000	☐
VD	SCHMIDT, WILLIAM G	4814 ALGONQUIN AVE	JACKSONVILLE, FL 00000	☐
SD	SCHMIDT, JOHN C	203-34TH AVE SOUTH	JACKSONVILLE, FL 00000	☐
VD	SCHMIDT, KENT H	3050 WATSON DRIVE S	JACKSONVILLE, FL 00000	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0032941

CR2E034 (9/96)