

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 29 1998 8:00am
Secretary of State

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1947

4. FEI Number

59-0572999

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **S** ☐ DELETE

NAME
HODGES, MARY J
STREET ADDRESS
4603 BIRKENHEAD RD
CITY-ST-ZIP
JACKSONVILLE, FL 00000

TITLE **PD** ☐ DELETE

NAME
SCHMIDT, GERT H W
STREET ADDRESS
4232 ORTEGA FOREST DR
CITY-ST-ZIP
JACKSONVILLE, FL 00000

TITLE **TD** ☐ DELETE

NAME
SCHMIDT, ROBERT T
STREET ADDRESS
4232 ORTEGA FOREST DR
CITY-ST-ZIP
JACKSONVILLE, FL 00000

TITLE **VD** ☐ DELETE

NAME
SCHMIDT, WILLIAM G
STREET ADDRESS
4814 ALGONQUIN AVE
CITY-ST-ZIP
JACKSONVILLE, FL 00000

TITLE **SD** ☐ DELETE

NAME
SCHMIDT, JOHN C
STREET ADDRESS
203-34TH AVE SOUTH
CITY-ST-ZIP
JACKSONVILLE, FL 00000

TITLE **VD** ☐ DELETE

NAME
SCHMIDT, KENT H
STREET ADDRESS
3050 WATSON DRIVE S
CITY-ST-ZIP
JACKSONVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

Gert H.W. Schmidt

1/14/98

904-388-6581

SIGNATURE: *Gert H.W. Schmidt* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0033010

CR2E034 (10/97)