FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)**DOCUMENT #** Corporation Name SCHMITT,INC. Mailing Address Principal Place of Business 17935 US HWY 19 N 17935 US HWY 19 N HUDSON FL 34667 HUDSON FL 34667 3a. Date of Last Report 3. Date incorporated or Qualified 02/28/1995 08/23/1965 Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 2a. 59-1271076 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Country Country Zφ 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) HEALY, JUDITH Z. 82 9054 ELDRIDGE ROAD 83 SPRING HILL FL 34608 City 85 Zip Code 84 11. Pursuant to the provisions of Sections 607.050? 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 DATE durith. Busistened Apert senial ne required when terestoring Signature, typed or purited came of rugshine traject as title if adjoically-ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETÉ 1.110(6 STD TITLE 1.2 NAME HEALY, JUDITH Z. NAME 9054 ELDRIDGE ROAD 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 1.4 City - St - ZiP CITY - ST - ZIP Change Addition DELETE 2 1 THTLE PD TITLE SCHMITT, DANIEL R 2.2 NAME NAME **ROXBORO STREET** 2.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL 2.4 CITY - ST. ZIP CITY - ST - ZIP Addition DELETE 3 1 TITLE TITLE SCHMITT, DANIEL, K-3.2 NAME NAME roxboro st 3.3 STREET ADDRESS STREET ADDRESS - CORPING THE ET 3.4 CITY - 5" - 7IP CITY - ST - ZiP ☐ Change Addition DELETE 4 1 TITLE TITLE 4.2 NAMe NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP C(TY-ST-Z)P Change Addition DELETE 5 1 Tille 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY - ST 7P 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

FICER OR DIRECTOR

appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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