

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 306761

(8)

1. Corporation Name

Wilson & Schmidt, Inc.

Principal Place of Business

Mailing Address

255 South Orange Ave.,
#960,
Orlando, FL 32801

PO Drawer 1793
Orlando, FL
32802-1793

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Drawer 1793
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

7/01/66

4/19/96

4. FEI Number

Applied For

59-1157809

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

X

Yes

No

10. Name and Address of New Registered Agent

Schmidt, Michael H.
255 South Orange Ave.,
#960,
Orlando, FL 32801

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, if applicable)

(NO. 1. Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME Wilson, John A.
STREET ADDRESS 255 S. Orange Ave., #960,
CITY-ST-ZIP Orlando, FL 32801

TITLE ST
NAME Schmidt, Michael H.
STREET ADDRESS 255 S. Orange Ave., #960,
CITY-ST-ZIP Orlando, FL 32801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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

Change

Addition

300002125323--9

-03/26/97--01132--010

****173.75 ****173.75

Change

Addition

Change

Addition

Change

Addition

Change

Addition

Change

Addition

14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further 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 under oath, that I am an officer or director of the corporation, or its receiver or trustee, or empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, and that I am attaching an address.

SIGNATURE:

Michael H. Schmidt

(407) 4225700

FILED

97 MAR 24 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MWB

CR2E034 (9/96)