

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 448029 (9)

1. Corporation Name

SCHMID INDUSTRIES, INC.



Principal Place of Business

Mailing Address

854 N. DIXIE HWY.
LANTANA FL 33462

854 N. DIXIE HWY.
LANTANA FL 33462

3. Date Incorporated or Qualified

04/08/1974

3a. Date of Last Report

09/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1660319

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHMID, JAMES A
854 NORTH DIXIE HIGHWAY
LANTANA FL 33462

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 the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

SCHMID, JAMES A

STREET ADDRESS

1175 WINDING OAKS CIR. E., # 208

CITY-ST-ZIP

VERO BEACH FL

TITLE

STD

☐ DELETE

NAME

SCHMID, MARIE

STREET ADDRESS

1175 WINDING OAKS CIR. E., SUITE 208

CITY-ST-ZIP

VERO BEACH FL

TITLE

VD

☐ DELETE

NAME

SCHMID, JAMES

STREET ADDRESS

3110 JUDITH COURT

CITY-ST-ZIP

WINTHROP HARBOR IL

TITLE

T

☐ DELETE

NAME

SCHMID, LORRAINE

STREET ADDRESS

2 TEALWOOD COVE

CITY-ST-ZIP

CHARLESTON NC

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

PD

☒ Change ☐ Addition

1.2 NAME

JAMES A SCHMID

1.3 STREET ADDRESS

8755 LAKESIDE BLVD

1.4 CITY-ST-ZIP

VERO BEACH, FL. 32963

2.1 TITLE

STD

☒ Change ☐ Addition

2.2 NAME

MARIE SCHMID

2.3 STREET ADDRESS

8755 LAKE SIDE BLVD

2.4 CITY-ST-ZIP

VERO BEACH, FL. 32963

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 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 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

1/22/96

407-588-2332

Daytime Phone #

CR2E034 (12/95)