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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 459341 L. H. SCHONAUER & SONS, INC

(4)

Sandra B. Mortham

FILED Mar 03 1997 8:00am Secretary of State

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	8		1181 BIBII 188

Principal Place	e of Business	Mailing Address					II BI BIDIŞ BIDIL	£1011 \$1011 0101	if vik il ladi
HAINES CREEK	RD.	HAINES CREEK RD.							
P. O. BOX 8953		P. O. BOX 895323							
Leesburg fl : Us	34789-5323	LEESBURG FL 34789- US	5323						
09						3. Date Incorporated or Qualifie 08/08/1974		Pate of Last 05/1996	нероп
	ace of Business	2a. Mailing Address				4. FEI Number		h	Applied For
21		26	·			59-1548540			Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc				5. Certificate of Status Desired		•	Additional
22		27						Fee F	Required
City & State		City & State		6. Election Campaign Financing	_		O May Be		
23		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	—	untry		8. This corporation has liability			s. 199.032,
24	[25]	[29]	30	T		Florida Statutes	Yes		
	9. Name and Address of Curre	ni Hegisterea Agent		81	5 1	10. Name and Address of New	Hegistered	Agent	
	ICAN, C. MICHAEL			61	Name				
	W. MAIN ST.			82	Street Add	dress (P.O. Box Number is Not Accept	table)		~
TAV	ARES FL 32778								
				83					
				84	City			85 Zij	o Code
				"	Ony.		Fi	_ " "	7 0000
office or n	onistered amont, or both, in the State	e of Florida, Such change:	was authoriza	ad h	the coroors	rporation submits this statement for thation's board of directors. I hereby ac	e purpose cept the ap	of changing pointment a	its registered as registered
agent La	m familiar with, and accept the oblig	gations of, Section 607.050	5, Florida Sta	atute	3 .				
SIGNATURE	Signature, typed or portion name of registered ag	jent and title if applicable	(NOTE: Register	ed Age	ent signature requ	uired when reinstating)	DATE		
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	S	DELET	E 1.1.1	ITLE				Change	Addition
NAME	SCHONAUER, ELEANOR		1.21	NAME	Ì				Ì
STREET ADDRESS	HAINES CREEK RD.		1.3	STREET	ADDRESS				
CITY-SI-7IP	LEESBURG, FL 00000		1.40	CITY - S	iT-ZIP				
TITLE	V	☐ DELET		TITLE				Change	Addition
NAME	SCHONAUER, WILLIAM R		221	NAME					
STREET ADDRESS	7601 RAINBROOK DR		233	STREET	ADDRESS				
CITY-ST-ZP	RICHMOND, VA 00000		2.4	CITY-	ST-ZIP				
1 TLF	PD	DELET		TITLE				Change	a Addition
NAME	SCHONAUER, L H		32	NAME				-	
STREET ADDRESS	HAINES CREEK RD.				ADDRESS				
CITY - ST - ZiF	LEESBURG, FL 00000				ST-ZIP				
TITLE		DELET		TITLE	J. LII			Change	Addition
NAME				NAME					
STREET ADORESS			1		ADDRESS				Ì
1									
CHY-SI-2d/ THIE		☐ DELET		CHTY-9 Title	31-21			Change	Addition
		L. Ditti		NAME				C.W.	
NAME OFFICE APPRINGS					ADDOCO				
STREET ADDRESS					ADDRESS				Į
CHY-SI-ZIF		DELET		CITY-9	SI-ZIP			Change	e Addition
TITLE		ויין אנונו		TITLE				L. Criange	, Manifold
NAME				NAME					
STREET ADORESS			6.3	STREE1	ADDRESS				
City - ST - ZIF			6.4	CITY - S	ST-ZIP				

14. If do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this armual 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.

(352)343-4216