

**ANNUAL REPORT
1995**

**Florida Secretary of State
DIVISION OF CORPORATIONS**

95 APR 18 PM 5-13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 488029 (0)
1. Corporation Name
ED SCHULTZ, P.A.

Principal Place of Business Mailing Address
**6413 TOWN N COUNTRY BLVD.
TAMPA FL 33615** **6413 TOWN N COUNTRY BLVD.
TAMPA FL 33615**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/21/1975 **04/13/1994**

4. FEI Number Applied For / Not Applicable
59-2204790

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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent
**SCHULTZ, EDWARD D.
6413 TOWN N COUNTRY BLVD.
TAMPA FL 33615**

10. Name and Address of New Registered Agent
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 reappointing

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHULTZ, EDWARD D. 6413 TOWN N COUNTRY BLVD. TAMPA FL 33615
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHULTZ, ROGER K. 8236 ALAMO ROAD BRENTWOOD TN 37027
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RICARDO, SANDRA I. 2607 SABLEWOOD DR VALRICO FL
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. TITLE 2. NAME 3. STREET ADDRESS 4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY RICCARDO, SANDRA I. 3517 AUTUMN GLEN DR I. VALRICO FL. 33594
41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(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: Edward D. Schultz EDWARD D. SCHULTZ **4/13/95** **886-9727** **(813)**