FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Feb 23 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 🤸 ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # 497478 (8)SCHLEI SERVICE & SUPPLY CO. Principal Place of Business Mailing Address 630 WEST MEMORIAL BLVD. 630 WEST MEMORIAL BLVD. LAKELAND FL 33801 LAKELAND FL 33801 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/25/1976 2. Principal Place of Business 28, Mailing Address Applied For 2535 MEADOW LANE 2535 MEADOW LANE 59-1654719 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May 8e AKELAND, FLORIDA 23 LAKELAND, FLORIDA Trust Fund Contribution Added to Fees Courtry Country 8. This corporation owes or has paid the current year Intangible 24 3801 MMMMMMMMMMM OLK 29 33801 9. Name and Address of Current Registered Agent Yes POLK Personal Property Tax due June 30. Name and Address of New Registered Agent 81 Name EUGENE H. SCHLEI' 231 HILLSIDE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 LAKELAND FL 83 Zip Code 84 City 11. Pursuant to the provisions of Soctions 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 of 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, Spotion 607.0505, Florida Statutes. SIGNATURE JEFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 123 13. TITLE __ DELETE 1.1 TITLE ☐ Change Addition NAME SCHLEI, EUGENE H. 1.2 NAME 231 HILLSIDE DRIVE 1.3 STREET ADDRESS STREET ADDRESS LAKELAND FL 1.4 CITY - ST- ZIP CITY-ST-ZIP ☐ DELE1E Addition TITLE 21 TITLE Change NAME SCHLEILESTHER P. 2.2 NAME STREET ADDRESS 231 HILLSIDE DRIVE 2.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE SCHLEILEUGENE H. 3.2 NAME NAME STREET ADDRESS 231 HILLSIDE DRIVE 3.3 STREET ADDRESS LAKELAND FL 3.4. CITY-ST-ZIP CITY-ST-7IP Change __ Addition TITLE DELETE 4.1 TITLE NAME SCHLEILESTHER P. 4. 2 NAME 231 HILLSIDE DRIVE 4.3 STREET ADDRESS STREET ADDRESS LAKELAND FL CITY-ST-ZIP 44 CITY-ST-ZIP

14. Thereby 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 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 privately, or on an attractive with an address

5.1 TITLE

52 NAME

61 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST - ZIP

SIGNATURE

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

DELETE

Change

Change

Addition

Addition