


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

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Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90012 040 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 497478

1. Corporation Name
SCHLEI SERVICE & SUPPLY CO.

Principal Place of Business 2535 MEADOW LANE LAKELAND FL 33801 US	Mailing Address 2535 MEADOW LANE LAKELAND FL 33801 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2535 Meadow Lane, LKL		2a. Mailing Address 26 2535 Meadow Lane, LKL		3. Date Incorporated or Qualified 02/25/1976	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1654719	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent EUGENE H. SCHLEI 231 HILLSIDE DRIVE LAKELAND FL				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P.	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEI, EUGENE H.		1.2 NAME				
STREET ADDRESS	231 HILLSIDE DRIVE		1.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEI, ESTHER P.		2.2 NAME				
STREET ADDRESS	231 HILLSIDE DRIVE		2.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEI, EUGENE H.		3.2 NAME				
STREET ADDRESS	231 HILLSIDE DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEI, ESTHER P.		4.2 NAME				
STREET ADDRESS	231 HILLSIDE DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene H. Schlei DATE: Apr 10, 1999 DAYTIME PHONE: 941-666-3317