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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:44

DOCUMENT # 498371

(4)

1. Corporation Name

CONNELL & SHULTZ, INC.

Principal Place of Business

3 MILES NORTH OF INVERNESS FL.U.S.41
P.O.BOX 97
INVERNESS FL 34451-0097

Mailing Address

3 MILES NORTH OF INVERNESS FL.U.S.41
P.O.BOX 97
INVERNESS FL 34451-0097

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/05/1976

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

1781 Clatter Bridge Road

27

Suite, Apt. #, etc.

28

City & State

29

Zip

Country

30

34471

4. FEI Number

59-1680517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for insurance tax under s. 189.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MCCALL, WAYNE C.
21 NORTHEAST AVE.
OCALA FL 32670

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 the if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

S

SMITH, LOUISE C
4820 E CONNELL LAKE DR
INVERNESS, FL 00000

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

V

ARNETTE, SARA C
505 SW 49TH AVE
OCALA FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

P

SMITH, MAX OSCAR
4820 E CONNELL LAKE DR
INVERNESS, FL 00000

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

☒ Change ☐ Addition

1781 Clatter Bridge Rd
Ocala, FL 34471

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

☐ Change ☐ 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)(b), 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 this 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

Use

Signature Name