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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

556620

(3)

SCHMITT BUILDERS, INC.

FILED May 07 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 5695-0 BEGGS RD 5695-B BEGGS ROAD ORLANDO FL 32810 ORLANDO F 32810 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1977 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-1800388 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 **EUGENE** J. SCHMITT 5695-B BEGGS RD 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32810 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or punted name of rejectored agent and little if apply able (NOTE Registered Agent signature required when reinstating) (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE **\$CHMITT, EUGENE J.** 1.2 NAME **CR2E034** NAME 5695-B BEGGS RD 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 11116 TITLE **SCHMITT, EUGENE J.** NAME 2.2 NAME 5695-B BEGGS RD STREET ADDRESS 2.3 STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change \_\_ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHTY-ST-7IP TITLE DELETE 4.1 11TLE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DFLETE Change Addition 5.1 TITLE TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CHY-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 aum officer or director of the corporation of the receiver of report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an acce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of the rece Block 12 or Block 13 if changed, copyan attack iment with an address.

11/28/90 7963