

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **694071** (2)
1. Corporation Name
NICHOLAS G. SCHOMMER, P.A.



Principal Place of Business: **329 S COMMERCE AVE SEBRING FL 33870**
Mailing Address: **329 S COMMERCE AVE SEBRING FL 33870**

3. Date Incorporated or Qualified: **07/13/1981**
3a. Date of Last Report: **02/28/1995**
4. FEI Number: **59-2106732**
Applied For: Not Applicable
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: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **SCHOMMER, NICHOLAS G 329 S COMMERCE AVE SEBRING FL**
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) _____ (Print Name) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: DPV	<input type="checkbox"/> DELETE	13.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME: SCHOMMER, NICHOLAS G		13.2 NAME:	
12.3 STREET ADDRESS: 329 S COMMERCE AVE		13.3 STREET ADDRESS:	
12.4 CITY, ST, ZIP: SEBRING FL		13.4 CITY - ST - ZIP:	
12.5 TITLE: ST	<input type="checkbox"/> DELETE	13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME: SCHOMMER, NICHOLAS G		13.6 NAME:	
12.7 STREET ADDRESS: 329 S COMMERCE AVE		13.7 STREET ADDRESS:	
12.8 CITY, ST, ZIP: SEBRING FL		13.8 CITY - ST - ZIP:	
12.9 TITLE:	<input type="checkbox"/> DELETE	13.9 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME:		13.10 NAME:	
12.11 STREET ADDRESS:		13.11 STREET ADDRESS:	
12.12 CITY, ST, ZIP:		13.12 CITY - ST - ZIP:	
12.13 TITLE:	<input type="checkbox"/> DELETE	13.13 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME:		13.14 NAME:	
12.15 STREET ADDRESS:		13.15 STREET ADDRESS:	
12.16 CITY, ST, ZIP:		13.16 CITY - ST - ZIP:	
12.17 TITLE:	<input type="checkbox"/> DELETE	13.17 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME:		13.18 NAME:	
12.19 STREET ADDRESS:		13.19 STREET ADDRESS:	
12.20 CITY, ST, ZIP:		13.20 CITY - ST - ZIP:	

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 119.07(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 change; or on an attachment with an address.

SIGNATURE: *Nicholas G. Schommer* **2/5/96** **941-3855139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **NICHOLAS G. SCHOMMER** Date of Filing

CR2E034 (12/95)