

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90102 001 \*\*\*150.00

DOCUMENT # F14865

1. Corporation Name  
W. SCHOFIELD & CO.

Principal Place of Business  
2601 E OAKLAND PK BLVD #605  
FT LAUDERDALE FL 33306

Mailing Address  
2601 E OAKLAND PK BLVD #605  
FT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/15/1981

4. FEI Number  
59-2050522

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 15340 Fiddlesticks Blvd.

2a. Mailing Address  
26 15340 Fiddlesticks Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 Ft. Myers, FL

27 City & State  
28 Ft. Myers, FL

24 Zip 33912-3925 25 Country

29 Zip 33912-3925 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOFIELD, WILLIAM F  
4900 OCEAN DR. APT 308  
FT LAUDERDALE FL 33308

81 Name William Schofield F.  
82 Street Address (P.O. Box Number is Not Acceptable)  
15340 Fiddlesticks Blvd.  
83  
84 City Ft. Myers FL 85 Zip Code 33912-3925

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 *W. Schofield*  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME SCHOFIELD, WILLIAM F  
STREET ADDRESS 4900 N OCEAN BLVD #308  
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Schofield, William F  
1.3 STREET ADDRESS 15340 Fiddlesticks Blvd.  
1.4 CITY-ST-ZIP Ft. Myers, FL 33912-3925

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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: *W. Schofield*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0383708