

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F32068 (1)

1. Corporation Name

ATLEE A. SCHLABACH, INC.

Principal Place of Business

1411 FOX CREEK DRIVE
C/O ATLEE A SCHLABACH
SARASOTA FL 34240-9577

Mailing Address

1411 FOX CREEK DRIVE
C/O ATLEE A SCHLABACH
SARASOTA FL 34240-9577



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

SCHLABACH, ATLEE A
1411 FOX CREEK DRIVE
SARASOTA FL 33582

3. Date Incorporated or Qualified
04/23/1981

3a. Date of Last Report
06/15/1995

4. FEI Number
59-2099984

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

10. Name and Address of New Registered Agent

81 Name
Atlee A Schlabach

82 Street Address (P.O. Box Number is Not Acceptable)
1411 Fox Creek Dr

83

84 City
SARASOTA

FL 85 Zip Code
34240

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME SCHLABACH, ATLEE A
STREET ADDRESS 1411 FOX CREEK DR
CITY-ST-ZIP SARASOTA FL

TITLE DS ☐ DELETE

NAME SCHLABACH, DOROTHY B
STREET ADDRESS 1411 FOX CREEK DR
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

1. NAME
1. STREET ADDRESS

1. CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME
2. STREET ADDRESS

2. CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME
3. STREET ADDRESS

3. CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME
4. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME
5. STREET ADDRESS

5. CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME
6. STREET ADDRESS

6. 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 in this filing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96 941-371-5094

Date

Daytime Phone #

CR2E034 (12/95)