FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 FEB 23 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****200.00 ****200.00

DOCUMENT # **F63968** **(4)**

1. Corporation Name
SCHRENKER & SONS, INC.

Principal Place of Business	Mailing Address
3724 DEL PRADO BLVD. CAPE CORAL FL 33904	3724 DEL PRADO BLVD. CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21: SAME	2a. Mailing Address 26:
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23:	City & State 28:
Zip 24: / Country 25:	Zip 29: / Country 30:

3. Date Incorporated or Qualified: **01/19/1982**
3a. Date of Last Report: **03/08/1994**
4. FEI Number: **59-2287934** ☐ 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

9. Name and Address of Current Registered Agent

SCHRENKER, ELFRIEDE
1953 BEACH PKWY., #102
CAPE CORAL FL 33904

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 _____ (NOTE: Registered Agent signature required when mandatory) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	11 TITLE	☐ Change ☐ Addition
NAME	SCHRENKER, ELFRIEDE	12 NAME	
STREET ADDRESS	1953 BEACH PKWY #102	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SCHRENKER, JOSEF JR.	22 NAME	
STREET ADDRESS	1929 SE 21ST TERR	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SCHRENKER, EVELYN	32 NAME	
STREET ADDRESS	1929 SE 21ST TERR	33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SCHRENKER, ALEXANDER	42 NAME	
STREET ADDRESS	1953 BEACH PKWY 102	43 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

dea 2-2-3

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)(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.

SIGNATURE: X Elfriede Schrenker 2-14-95 549300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR DIRECTOR — Date — System Number

COR1000 CP