

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F63968

(4)

1. Corporation Name

SCHRENKER & SONS, INC.



Principal Place of Business

3724 DEL PRADO BLVD.
CAPE CORAL FL 33904

Mailing Address

3724 DEL PRADO BLVD.
CAPE CORAL FL 33904

3. Date Incorporated or Qualified
01/19/1982

3a. Date of Last Report
02/23/1995

2. Principal Place of Business

21 SAME

2a. Mailing Address

26

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

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Elfriede Schrenker
of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-3-96

12. OFFICERS AND DIRECTORS

TITLE PDS ☐ DELETE

NAME SCHRENKER, ELFRIEDE
STREET ADDRESS 1953 BEACH PKWY #102
CITY-STATE-ZIP CAPE CORAL FL

TITLE V ☐ DELETE

NAME SCHRENKER, JOSEF JR.
STREET ADDRESS 1929 SE 21ST TERR
CITY-STATE-ZIP CAPE CORAL FL

TITLE S ☐ DELETE

NAME SCHRENKER, EVELYN
STREET ADDRESS 1929 SE 21ST TERR
CITY-STATE-ZIP CAPE CORAL FL

TITLE D ☐ DELETE

NAME SCHRENKER, ALEXANDER
STREET ADDRESS 1953 BEACH PKWY 102
CITY-STATE-ZIP CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-96 547-1300

CR2E034 (12/95)