## 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 Apr 01, 1999 8:00 am Secretary of State

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DOCUMENT  1. Corporation Name	#	G06438
KURT SCHMIDT	ENT	ERPRISES, INC.

Principal Place of Business 730 HIGHLINE DRIVE PANAMA CITY FL 32404 Mailing Address

730 HIGHLINE DRIVE PANAMA CITY FL 3240

PANAMA CITY FL 32404 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/29/1982 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2234766 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing П Added to Fees 28 Trust Fund Contribution 23 Country Country Zip This corporation owes the current year Intangible Zio □ No 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 SCHMIDT, KURT Street Address (P.O. Box Number is Not Acceptable) 82 730 HIGH LINE DR. PANAMA CITY FL 32401 83 Zip Code 84 City

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 wh ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition □ DELETE TITLE 1.1 TΠLE 1.2 NAME SCHMIDT, HILDEGARD NAME 730 HIGHLINE DR. 1.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE PD TITLE SCHMIDT, KURT 22 NAME NAME 730 HIGHLINE DR. 2.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE SCHMIDT, GEORGE 3.2 NAME NAME 730 HIGHLINE DR 3.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE SCHMIDT-HALL, BRIGITTE NAME 4.2 NAME 730 HIGHLINE DR 4.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE 5.1 TITLE TILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-7IP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIPP

U 3-30-99

850 - 769-5192 Daytime Phone #

CR2E034 (11/98)