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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

G56633

i, Corporation	MENT # G566 ((2)				
WATER	R OAKS MOBILE HOME PA	ARK, INC.				
Principal Place	of Business	Mailing Address				
C/O TERRY D SCHINDLER RT 7 BOX 1245 DEFUNIAK SPRINGS FL 32433		C/O TERRY D SCHIN RT 7 BOX 1245	C/O TERRY D SCHINDLER			
				 Date Incorporated or Qualified 08/24/1983 	d 3a. Date of Last Report 04/24/1995	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FET Number	Applied For	
<u>[</u>	×	26		59-2331064	Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	CO . 14	5. Certificate of Status Desired	\$8.75 Additional	
1 38 (WATER OAKS LAN UNIAK SPRINGS, F Country	JE 27 38 WAT.	ek oaks la	NE	Fee Hequired	
DAF FA	UNITAK SPOTUGS E	1 28 DEFINITA	W consule	6. Election Campaign Financing Trust Fund Contribution	T T T T T T T T T T T T T T T T T T T	
1 DL 7 M	Country	Zip	Country	8 This corporation has liability for	Added to Fees or intangible tax under s 199,032.	
324	73 25	29 32433	30		es [] No	
	9 Name and Address of Curre	nt Registered Agent		10. Name and Address of New	Registered Agent	
			81 Name			
	LER, TERRY D		82 Street Ad	idress (P.O. Box Number is Not Accept	(able)	
RT 7 BC			83		·	
DEFUNI	AK SPRINGS FL 32433		*3			
			84 City		FL 85 Zip Code	
1. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statuti	es, the above named com	oration submits this statement for the p	ourpose of changing its registered office	
BIGNATURE _	o the provisions of Sections 607.050 ad agent, or both, in the State of Flor h, and accept the obligations of, Sec Signature, typic or printed name of registered ages	ноп 607.0505, Florida Statutes	es, the above named comed by the corporation's bo	ioration submits this statement for the p pand of directors. I hereby accept the ap that wherestategi	ourpose of changing its registered office opointment as registered agent. I am	
IGNATURE	n, and accept the obligations of, sec Signature, typics of printed name of regressive again. OFFICERS AN	tiend tille Pappicatio (NC D DIRECTORS	i.	ikadi where recitating)		
ilGNATURE	Signature, typic or printed name of registered again OF FICE RS AN	t and tilk if applicance (NO	IL Hogistered Agrint's greature required to the transfer of th	ikadi where recitating)	DATE	
BIGNATURE	Signature, typic or printed name of registered agric OFFICERS AN CPD SCHINDLER, TERRY D	tiend tille Pappicatio (NC D DIRECTORS	11. Hogisterod Aprint's greature requirement 11. 11. 11. 11. 11. 11. 11. 11. 11. 11	ind werenstategi ADDITIONS/CHANGES TO OI	DATE FFICERS AND DIRECTORS IN 12 Change Addition	
IGNATURE	Signature, typic or printed name of registered agric OFFICERS AN CPD SCHINDLER, TERRY D RT 7 BOX 1245	t and tile if applicance (NO ND DIRECTORS	11. Hogisterod Aprikt 6 griature req. 13. 1 1 Title 12 NAME 1.3 STREET ADDRESS 3	ADDITIONS/CHANGES TO OI	DATE FFICERS AND DIRECTORS IN 12 Change Addition	
IGNATURE	Signature, typical or printed name of regressive agric OFFICE RS AN CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000	tiend tilk if applicano (k.C. TO DIRECTORS [] DELETE	11. Hogisterod Agrind eignafure requ 13. 1 FTILE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP	ind werenstategi ADDITIONS/CHANGES TO OI	EMILE FFICERS AND DIRECTORS IN 12 FOR Change Addition LANE 5, FL 32433	
IGNATURE 2. ILE AME IREET ADDRESS ITY-ST-ZIP ILE	Signature, typic or printed name of registered agric OFFICERS AN CPD SCHINDLER, TERRY D RT 7 BOX 1245	t and tile if applicance (NO ND DIRECTORS	11. Hogisterod Aprikt 6 griature req. 13. 1 1 Title 12 NAME 1.3 STREET ADDRESS 3	ADDITIONS/CHANGES TO OI	DATE FFICERS AND DIRECTORS IN 12 Change Addition	
IGNATURE 2. ILF MME HEEL ADDRESS ITY-S1-ZIP ILF AME	Signature, typico or printed name of regretated egist OFFICE RS AN CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD	tiend tilk if applicano (k.C. TO DIRECTORS [] DELETE	11. Hogisterod Aprild eignafüre regi 13. 1 1 TILLE 12 NAME 1.3 STREET ADDRESS 3 14 CHY-ST-7IP 2 1 TILE 2 2 NAME	ADDITIONS/CHANGES TO OI	ENTE FFICERS AND DIRECTORS IN 12 FOR Change Addition LANE 5, FL 32433	
CATHER VALUE 2. 11.E AME INTERPORT ADDRESS 11.Y - ST - ZIP 11.E AME ITER I ADDRESS	Signature, typico of printed name of registered egus OFFICERS AN CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D	tand tilk it applicance (NO NO DIRECTORS DELETE	11. Hogisterod Agrind eignafüre regi 13. 1 FTIFLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	EMILE FFICERS AND DIRECTORS IN 12 FOR Change Addition LANE 5, FL 32433	
IGNATURE 2. ILE MME HEEL ADDRESS ITY-ST-ZIP LE MME HEEL ADDRESS ITY-ST-ZIP LE MME HEEL ADDRESS ITY-ST-ZIP LE HEEL ADDRESS ITY-ST-ZIP LE LE HEEL ADDRESS LE LE LE LE LE LE LE LE LE	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	tiend tilk if applicano (k.C. TO DIRECTORS [] DELETE	11. Hogisterod Agrind eignafüre regi 13. 1 FTIFLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP 2.1 TIFLE 2.2 NAME 2.3 STREET ADDRESS	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING	FFICERS AND DIRECTORS IN 12 FOR Change Addition LANE S,FL 32433 Change Addition	
CATHER VALUE 2. 1LE AMME HEEL ADDRESS HIY-S1-ZIP LEF AME HEEL ADDRESS IY-S1-ZIP LEF AME AME AME AME AME AME	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	tand tilk it applicance (NO NO DIRECTORS DELETE	13. 1 1 THE 12 NAME 1.3 STHEET ADDRESS 1 4 CHY-ST-7IP 2 1 THE 22 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7IP 3.1 THE 3.2 NAME	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 FFICERS AND DIRECTORS IN 12 Change Addition Addition 3 256 /	
IGNATURE 2. ILE AMME HEET ADDRESS ITY-ST-ZIP TLE AMME HEET ADDRESS ITY-SY-ZIP LE AMME HEET ADDRESS HY-SY-ZIP LE AMME HEET ADDRESS	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	tand tilk it applicance (NO NO DIRECTORS DELETE	13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 3 1 4 CHY-ST-7IF 2 1 TITLE 2 NAME 2.3 STREET ADDRESS 2 4 CHY-ST-7IP 3.1 TITLE 3 2 NAME 3 3 STREET ADDRESS 4 CHY-ST-7IP	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 FOR Change Addition LANE S,FL 32433 Change Addition	
CATHIEF VALUE 2. 11.E AMME HERET ADDRESS HY-S1-ZIP LIF AMME HERET ADDRESS LY-S'-ZIP LIF AMME HERET ADDRESS LY-S'-ZIP LIF AMME HERET ADDRESS TY-SI-ZIP	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	t and the it applicance (NO ND DIRECTIONS [] DELETE DELETE	13. 1 1 TIFLE 12 NAME 1.3 STHEET ADDRESS 1 4 CHY-ST-7IP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7IP 3.1 TIFLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-7IP	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 Change Addition LANE S,FL 32433 Change Addition 3 256 / Change Addition	
CATHER VALUE 2. THE AMME THEET ADDRESS THY-ST-ZIP THE AMME THEET ADDRESS TY-ST-ZIP THE AMME THEET ADDRESS TY-ST-ZIP THEET ADDRESS TY-ST-ZIP THEET ADDRESS TY-ST-ZIP	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	tand tilk it applicance (NO NO DIRECTORS DELETE	13. 1 1 TIFLE 12 NAME 13 STHEET ADDRESS 14 CHY-ST-7IP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7IP 3.1 TIFLE 32 NAME 33 STHEET ADDRESS 34 CHY-ST-7IP 4 1 TIFLE	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 FOR Change Addition LANE S,FL 32433 Change Addition	
IGNATURE 2. ILE AMME HEET ADDRESS ITY-ST-ZIP ILE AMME HEET ADDRESS ITY-SY-ZIP LE AMME HEET ADDRESS ITY-SY-ZIP LE AMME HEET ADDRESS ITY-SY-ZIP LE AMME HEET ADDRESS ITY-ST-ZIP LE AMME AMME AMME	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	t and the it applicance (NO ND DIRECTIONS [] DELETE DELETE	13. 1 1 TIFLE 12 NAME 13 STHEET ADDRESS 1 4 CHY-ST-7IP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7IP 3.1 TIFLE 32 NAME 33 STHEET ADDRESS 34 CHY-ST-7IP 4 1 TIFLE 42 NAME	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 Change Addition LANE S,FL 32433 Change Addition 3 256 / Change Addition	
PARTITION WILLIAMS 2. THE AMME THERET ADDRESS THY-ST-ZIP THE AMME THERET ADDRESS THY-S'-ZIP THE AMME THERET ADDRESS TY-ST-ZIP THERET ADDRESS TY-ST-ZIP THERET ADDRESS TY-ST-ZIP THERET ADDRESS THERET ADDRESS THERET ADDRESS THERET ADDRESS THERET ADDRESS	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	t and the it applicance (NO ND DIRECTIONS [] DELETE DELETE	13. 1 1 TIFLE 12 NAME 13 STHEET ADDRESS 14 CHY-ST-7IP 2 1 TIFLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-7IP 3.1 TIFLE 32 NAME 33 STHEET ADDRESS 34 CHY-ST-7IP 4 1 TIFLE	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 Change Addition LANE S,FL 32433 Change Addition 3 256 / Change Addition	
CATHER VALUE 2. THE AMME THERE I ADDRESS THY-ST-ZIP THE AMME THERE I ADDRESS TY-ST-ZIP THE AMME THERE I ADDRESS TY-ST-ZIP THERE I ADDRESS TY-ST-ZIP THERE I ADDRESS TY-ST-ZIP THERE I ADDRESS TY-ST-ZIP	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	t and the it applicance (NO ND DIRECTIONS [] DELETE DELETE	13. 1 FILLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CHY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 Change Addition LANE S,FL 32433 Change Addition 3 256 / Change Addition	
IGNATURE 2. ILE AME HEET ADDRESS ITY-ST-ZIP ILE AME HAME AME ITY-ST-ZIP ILE AME ITY-ST-ZIP ILE AME ITY-ST-ZIP ILE	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	Tand tilk if applicatio (k.C) ID DIRECTIONS DELETE DELETE DELETE DELETE	13. 1 FILLE 12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-7IP 2 TITLE 2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7IP 4 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-7IP 4.3 STREET ADDRESS 4.4 CHY-ST-7IP	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 Change Addition LANE S,FL 32433 Change Addition Change Addition	
IGNATURE 2. ILE MME REEL ADDRESS IY-S1-ZIP	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	Tand tilk if applicatio (k.C) ID DIRECTIONS DELETE DELETE DELETE DELETE	13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-7IP 5.1 TITLE	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 Change Addition LANE S,FL 32433 Change Addition Change Addition	
IGNATURE 2. ILE MME REEL ADDRESS IY-SI-ZIP REEL ADDRESS IX-SI-ZIP	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	Tand tilk if applicance (NO ND DIRECTORS [] DELETE DELETE DELETE DELETE DELETE	13. 1 1 TITLE 12 NAME 1.8 STHEET ADDRESS 1.4 CITY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STHEET ADDRESS 4.4 CITY-ST-7IP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS 4.4 CITY-ST-7IP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS 5.4 CITY-ST-7IP	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 FOR Change Addition LANE S,FL 32433 Change Addition Change Addition Change Addition	
IGNATURE 2. ILE MME IMEET ADDRESS ITY-ST-ZIP ILE AME IMEET ADDRESS ITY-SY-ZIP ILE AME IMEET ADDRESS ITY-SY-ZIP ILE MME IMEET ADDRESS ITY-ST-ZIP ILE MME IMEET ADDRESS ITY-ST-ZIP ILE IMME IMEET ADDRESS ITY-ST-ZIP ILE IMME IMEET ADDRESS ITY-ST-ZIP ILE IMME	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	Tand tilk if applicatio (k.C) ID DIRECTIONS DELETE DELETE DELETE DELETE	13. 1 1 TITLE 12 NAME 1.3 STHEET ADDRESS 1.4 CHY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STHEET ADDRESS 4.4 CHY-ST-7IP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS 4.4 CHY-ST-7IP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS 5.4 CHY-ST-7IP 6.1 TITLE 6.1 TITLE	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 Change Addition LANE S,FL 32433 Change Addition Change Addition	
CATHLET VALUE 2. THE AME THEET ADDRESS TY-ST-ZIP THE AME THEET ADDRESS TY-SY-ZIP THE AME THEET ADDRESS TY-SY-ZIP THE THEET ADDRESS TY-ST-ZIP THEET ADDRESS THEET ADDRESS TY-ST-ZIP THEET ADDRESS THEET ADDRE	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	Tand tilk if applicance (NO ND DIRECTORS [] DELETE DELETE DELETE DELETE DELETE	13. 1 1 THE 12 NAME 13 STHEEL ADDRESS 14 CHY-ST-7IP 2 1 THE 22 NAME 23 STREEL ADDRESS 24 CHY-ST-7IP 3.1 THE 32 NAME 33 STHEEL ADDRESS 34 CHY-ST-7IP 4 1 THE 42 NAME 43 STHEEL ADDRESS 44 CHY-ST-7IP 5 1 THE 52 NAME 5.3 STHEEL ADDRESS 44 CHY-ST-7IP 5 1 THE 52 NAME 5.3 STHEEL ADDRESS 5 4 CHY-ST-7IP 5 THEEL 5 NAME 5 STHEEL ADDRESS 5 1 CHY-ST-7IP 6 THEEL 6 2 NAME	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 FOR Change Addition LANE S,FL 32433 Change Addition Change Addition Change Addition	
Iditiliar Will IGNATURE _	Signature, transic or printed name of regretated eyes CPD SCHINDLER, TERRY D RT 7 BOX 1245 DEFUNIAK SPRGS, FL 0000 STD SCHINDLER, BRENT D ROUTE 7 BOX 1245	Tand tilk if applicance (NO ND DIRECTORS [] DELETE DELETE DELETE DELETE DELETE	13. 1 1 TITLE 12 NAME 1.3 STHEET ADDRESS 1.4 CHY-ST-7IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-7IP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-7IP 4.1 TITLE 4.2 NAME 4.3 STHEET ADDRESS 4.4 CHY-ST-7IP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS 4.4 CHY-ST-7IP 5.1 TITLE 5.2 NAME 5.3 STHEET ADDRESS 5.4 CHY-ST-7IP 6.1 TITLE 6.1 TITLE	ADDITIONS/CHANGES TO OI 18 WATER OAKS DEFUNIAK SPRING P.O.BOX 6045	FFICERS AND DIRECTORS IN 12 FFICERS AND DIRECTORS IN 12 FORMAGE Addition LANE S,FL 32433 Change Addition Change Addition Change Addition	

SIGNATURE: Brent Schiedler
SIGNATURE AND TYPES OF PRINTED NAME OF SIGNIN BRENT SCHINDLER 4-3-96 (904)892-313/