

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G79917 (2)

1. Corporation Name

CLEMENS BRUNS SCHAUB/ARCHITECTS AND ASSOCIATES,
P.A.

Principal Place of Business

3383 OCEAN DRIVE
VERO BEACH FL 32906-4160

Mailing Address

~~3383 OCEAN DRIVE~~
P.O. BOX 4160
VERO BEACH FL 32964-4160
US

95 APR -3 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/20/1984
3a. Date of Last Report 05/01/1994

4. FEI Number 59-23866239
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

2. Principal Place of Business
21 3383 Ocean Drive

22 Suite, Apt. #, etc.

23 City & State
Vero Beach, FL

24 Zip 32963
25 Country

2a. Mailing Address
26 PO Box 4160

27 Suite, Apt. #, etc.

28 City & State
Vero Beach, FL

29 Zip 32964-4160
30 Country

9. Name and Address of Current Registered Agent

SCHAUB, CLEMENS B.
3383 OCEAN DRIVE
VERO BEACH FL 32963

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 agree to, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

Clemens B. Schaub

(NOTE: Registered Agent signature required when resigning)

3/2/95

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SCHAUB, CLEMENS BRUNS
STREET ADDRESS 3383 OCEAN DRIVE
CITY - ST - ZIP VERO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - 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 - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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****200.00 ****200.00

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 110.07(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 1 or Block 13 if changed, or as an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/95

401 251/1484