

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 19 AM 2:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G96676

(3)

1. Corporation Name

SCHUCKLAT REALTY, INC.

Principal Place of Business

**% INGRID SCHUCKLAT
27040 OLD 41 ROAD
BONITA SPRINGS FL 33923**

Mailing Address

**% INGRID SCHUCKLAT
27040 OLD 41 ROAD
BONITA SPRINGS FL 33923**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1984

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2399023

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
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**SCHUCKLAT, TINA P.
27040 OLD 41 ROAD
BONITA SPRINGS FL 33923**

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

Tina P. Schucklat

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME SCHUCKLAT, INGRID
STREET ADDRESS 27040 OLD 41 ROAD
CITY - ST - ZIP BONITA SPRINGS FL

TITLE DVP
NAME SCHUCKLAT, LORI INGRID
STREET ADDRESS 27040 OLD 41 ROAD
CITY - ST - ZIP BONITA SPRINGS FL

TITLE DS
NAME SCHUCKLAT, PAUL
STREET ADDRESS 27040 OLD 41 ROAD
CITY - ST - ZIP BONITA SPRINGS FL

TITLE DP
NAME SCHUCKLAT, TINA P.
STREET ADDRESS 27040 OLD 41 ROAD
CITY - ST - ZIP BONITA SPRINGS FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
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

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)(b), 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:

Tina P. Schucklat

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/15/95

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