

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 # **H46377** (8)

1. Corporation Name

SCHILLINGSWORTH, INC.



Principal Place of Business

Mailing Address

**26100 CR 46A
23235 SR 44 E
SORRENTO FL 32776
US**

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23235 SR 44 E
SORRENTO FL 32776
US**

3. Date Incorporated or Qualified 03/11/1985	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2575413	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	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**WILCOX, NANCY
26100 C.R. 46A
SORRENTO FL 32776**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, NANCY D	1.2 NAME	
STREET ADDRESS	23235 SR 44 E	1.3 STREET ADDRESS	
CITY-STATE-ZIP	EUSTIS FL	1.4 CITY-STATE-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, TIMOTHY D	2.2 NAME	
STREET ADDRESS	23235 SR 44 E	2.3 STREET ADDRESS	
CITY-STATE-ZIP	EUSTIS FL	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DIANE D. FYFE	3.2 NAME	
STREET ADDRESS	37340 N. CR 44A	3.3 STREET ADDRESS	
CITY-STATE-ZIP	EUSTIS FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		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

3/11/96 **904-5690872**
Date Daytime Phone #

CR2E034 (12/95)