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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **H58911** **(9)**

1. Corporation Name

FRANCOIS L. SCHWARZ, INC.

Principal Place of Business	Mailing Address
4904 EISENHOWER BLVD. SUITE 150 TAMPA FL 33634	P.O. BOX 30283 TAMPA FL 33630

3. Date Incorporated or Qualified: 05/24/1985
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business	2a. Mailing Address
21 6111 Gazebo Park Place N	26 6111 Gazebo Park Place N.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Jacksonville FL	28 City & State: Jacksonville FL
24 Zip: 32257 25 Country	29 Zip: 32257 30 Country

4. FEI Number: 59-2533512 ☐ 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

9. Name and Address of Current Registered Agent

FARRELL, REGIS H
4904 EISENHOWER BLVD.
SUITE 150
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: SARVIS, Richard S.
82 Street Address (P.O. Box Number is Not Acceptable): 6111 Gazebo Park Place N.
83
84 City: Jacksonville FL 85 Zip Code: 32257

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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] 4/18/96
Signature, typed or printed name of registered agent and the title of that officer (NOTE: Registered Agent signature required when not listing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☑ DELETE	11 TITLE	PD	☑ Change ☐ Addition
NAME	REGIS H FARRELL		12 NAME	SARVIS, RICHARD S	
STREET ADDRESS	4904 EISENHOWER BLVD SUITE 150		13 STREET ADDRESS	6111 GAZEBO PARK PLACE N	
CITY-ST-ZIP	TAMPA FL		14 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	S	☑ DELETE	21 TITLE	VST	☑ Change ☐ Addition
NAME	ECKSTEIN, CARL O		22 NAME	SARVIS, ROBERT L.	
STREET ADDRESS	4904 EISENHOWER BLVD., #150		23 STREET ADDRESS	6111 GAZEBO PARK PLACE N	
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		☐ DELETE	31 TITLE	AT	☑ Change ☐ Addition
NAME			32 NAME	MELTON, JAMES E	
STREET ADDRESS			33 STREET ADDRESS	6111 GAZEBO PARK PLACE N	
CITY-ST-ZIP			34 CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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] — Richard S Sarvis 4/18/96 904 292 9009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #